

	2026-2027 Household Size & Number in College Dependent Student	VHSD 27
	OFFICE OF SCHOLARSHIPS AND FINANCIAL AID WARRINER HALL 202, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; FAX: (989) 774-3634 Financial Aid Portal	

Why have you received this form? The Federal Processor has selected your Free Application for Federal Student Aid (FAFSA) for a process called "Verification." **When should this form be submitted?** Failure to complete and submit this form along with all required documentation to the Office of Scholarships and Financial Aid **within 21 business days** may result in the cancellation of your federal financial aid.

Student Information

Student Name (please print) _____

Campus ID Number _____

Number of Household Members

- **Parent(s) in the household:** If your legal parents are married to each other, or your legal parents are **not married to each other and live together**, report information regarding both of your parents. If your parents are divorced/separated, provide information about the parent who provided more financial support the last 12 months. If both parents provided an equal amount of financial support or if they don't support you financially, provide information for the parent with the greater income and assets. This should be the same parent you were required to use on your FAFSA. Include your stepparent if your parent has remarried. Grandparents, foster parents, legal guardians, aunts and uncles **are not** considered parents unless they have legally adopted you. For more information visit: <https://studentaid.gov/apply-for-aid/fafsa/filling-out/parent-info>.

Full Name of Parent 1 Living in Household	Age Required	Full Name of Parent 2 Living in Household	Age Required

- **List all other household members** who meet the following criteria based on the parent(s) information you indicated above. Attach a separate sheet, if needed.
- Yourself; even if you don't live with your parent(s).
- Your parents' other children from this household; even if they do not currently live with your parent, **IF**:
 - Your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027, **or**
 - The children will be required to provide your parents' information if they were completing a FAFSA.
- Other people: List **only if they now live with the parent(s)** listed above and will continue to live with them through June 30, 2027 **AND** only if your parents in this household provide/will continue to provide **more than half of their support** through June 30, 2027.

Full Name of Household Member	Age Required	Relationship to Student If "Other" is checked, relationship must be indicated.	Will household member attend college at least half-time (6 semester credits/term) in a degree/certificate program between 7/1/26 and 6/30/27? If yes, list name of college.
		Self	Central Michigan University
		☐ Sibling ☐ Other: _____	☐ No ☐ Yes Name of College: _____
		☐ Sibling ☐ Other: _____	☐ No ☐ Yes Name of College: _____

Certification and Signatures

 **SIGNATURES REQUIRED:** I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that based on the information provided changes in my FAFSA financial information may occur and may result in a change in financial aid eligibility.

Student Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING GLOBAL ID**) _____ Date _____

Parent Signature (Handwritten Required **OR ELECTRONIC SIGNATURE USING YOUR CREATED PASSWORD**) _____ Date _____
 Only one parent signature is required