	<b>2018-2019 Household Size &amp; Number in College</b> <b>Independent Student</b>	<b>VHSI</b>  <b>19</b>
	OFFICE OF SCHOLARSHIPS AND FINANCIAL AID STUDENT SERVICE COURT, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; TOLL FREE: 1-888-392-0007 FAX: (989) 774-3634; WEBSITE: WWW.FINANCIALAID.CMICH.EDU	

**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**


➤ **List all household members** who meet the following criteria.

Attach a separate sheet, if needed.

- Yourself; and
- Your spouse, if you are married; and
- Your and/or your spouse's children from this household; even if they do not currently live with you, **IF**:
  - You or your spouse will provide more than half of their support from July 1, 2018 through June 30, 2019.
- Other people: List only if they now live with you and will continue to live with you through June 30, 2019 and only if you and/or your spouse provide/will continue to provide more than half of their support through June 30, 2019.

Full Name of Household Member	Age Required	Relationship to Student <small>If "Other" is checked, relationship must be indicated.</small>	Will household member attend college at least half-time (6 semester credits/term) in a degree/certificate program between 7/1/18 and 6/30/19? If yes, list name of college.
		<b>Self</b>	<b>Central Michigan University</b>
		<b>Spouse (if married)</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____
		<input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Name of College: _____

**Certification and Signature**

 **SIGNATURE 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 \_\_\_\_\_

Date \_\_\_\_\_