	2019-2020 Household Size & Number in College Independent Student	VHSI 20
	OFFICE OF SCHOLARSHIPS AND FINANCIAL AID STUDENT SERVICE COURT, MOUNT PLEASANT, MI 48859 PHONE: (989) 774-3674; 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
- You 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, 2019 through June 30, 2020.
- Other people: List only if they now live with you and will continue to live with you through June 30, 2020 and only if you and/or your spouse provide/will continue to provide more than half of their support through June 30, 2020.

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 7/1/19 and 6/30/20? If yes, list name of college.
		Self	Central Michigan University
		Spouse (if married)	<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 _____