DHHS14

Verification of Household Information for Dependent (2014-15)

Your application was selected for review in a process called "Verification." In this process, Marshall University Office of Student Financial Assistance (MU SFA) will be comparing information from your processed Free Application for Federal Student Aid (FAFSA) with the information on this form and other financial documents as requested. Federal and state laws state we have the right to ask you for this information before disbursing federal and state aid. If there are differences between your application information and your financial documents, MU SFA must make corrections to your application electronically. This may result in changes to your estimated financial aid awards. After verification is completed, if any changes to your estimated awards are necessary, you will be notified.

Student Name: _____ **MUID:** 901_____

List the people in your parent(s)' household including:

- **Yourself** and **your parent(s) (including stepparent)** even if you don't live with your parents, and
- Your **parents' other children,** even if they don't live with your parent(s), if (a) your parents will provide **more than half of their support** from July 1, 2014, through June 30, 2015, or (b) the children would be required to provide parental information on the 2014-15 FAFSA, and
- Other people if they now live with your parents and your parents provide more than half of their support, and **will continue to provide more than half of their support** from July 1, 2014, through June 30, 2015.

Write the name, age and relationship of all household members below. Also write in the name of the college for any household member, **excluding your parents(s**), who **will be attending at least half time** between July 1, 2014, and June 30, 2015, and will be enrolled in a degree, diploma, or certificate program. If you need additional space, attach a separate page with your name and MUID at the top.

Full Name	Age	Relationship to student	College Attending in 2014-15
Missy Jones (example)	*18*	*Sister*	*Central University*
		Self	

Signing this form certifies all information reported on it is complete and correct. The student and at least one parent must sign and date.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

Submit to: Marshall University
Office of Student Financial Assistance
One John Marshall Drive
Old Main 116
Huntington, WV 25755-3300
FAX: 304.696.3242

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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