

Student Name _____ Univ. ID# _____

Conflicting information has been reported regarding the number of people reported in your parents' household size and/or number in college on the FAFSA and the Institutional Verification Form.

Dependent Student:

List the names of all the members in your parents' household in the chart below, including:

- Yourself, even if you don't live with your parent(s)/stepparent, and
- Your parent(s)/stepparent, and
- Your parent(s)/stepparent's other children, if they will receive more than half of their support from your parent(s)/stepparent from July 1, 2021 through June 30, 2022, and
- Other people if they now live with your parent(s)/stepparent, and they receive more than half of their support from your parent and will continue to receive more than half of their support from your parent from July 1, 2021 through June 30, 2022. *(Please complete the Member of Household form for other people listed on this form. The Member of Household form can be found at <http://www.siue.edu/financial-aid/forms>.)*

Independent Student:

List the names of all household members in the chart below, including:

- Yourself, and your spouse (if married), and
- Your children/stepchildren, if you will provide more than half of their support from July 1, 2021 through June 30, 2022, and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022. *(Please complete the Member of Household form for other people listed on this form. The Member of Household form can be found at <http://www.siue.edu/financial-aid/forms>.)*

In the chart below please list the name, age, and relationship to the student of each person in your household. If any members of your household, other than your parent(s)/stepparent, will be enrolled at least half time in a degree, diploma or certificate program between July 1, 2021 and June 30, 2022, please include that under name of college. **Do not abbreviate the college name or list as undecided. Parents attending college will be excluded from total number in college.**

Full Name of Person in Household	Age	Relationship to Student	Name of College Attending
1. Me, the Student		Self	Southern Illinois University Edwardsville
2.			
3.			
4.			
5.			
6.			

Check this box if there are more than six family members in your household and attach a list of these people.

I certify that ALL of the information on this form is true and complete.

Required Student Signature

Date

Required Parent Signature
(Dependent Student Only)

Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.