

18DVER **Dependent Worksheet Verification Form Financial Aid Office**

adent Name:			Student ID#: A	
ddress:				
nstructions:				
our 2017-2018 FAFSA was selected ocuments, to the Financial Aid Office Yourself;				
Your parent(s), including stepparend be listed if they are unmarried and			r parent(s). Please note that bo	th your biological parents ned
Your parent(s)' other children if you une 30, 2018, or if the children would not live with your parent(s); and		-		
ontof tive with your parent(s), and Other people if they now live with you ontinue to provide more than half of				her people's support and will
Please also include the name of the ne in a degree, diploma, or certifica 9, 2018 . Do not include siblings who Attach a separate signed & dated poection I: Household Membe	te program at are in U.S. mage with your	a postsecondary ed ilitary service acad	ducational institution any time l lemies.	between July 1, 2017 and Jun
Full Name	Age	Relationship	College	Enrolled at least ½ time?
Jane Doe (example)	18	SISTER	Gulf Coast State College	Yes
		SELF	Gulf Coast State College	
ection II: Certification				
e hereby certify that all the information ovided any false statements or fraudund to have knowingly or intentional	lulent docume	ntation. We unders	stand that we may be fined, sent	
Student's Signature:				Date:
arent's Signature:				Date: