

2014-2015

Independent Verification of Number In Household

Student Financial Services – RME118
 1825 N Bluemound Dr/ PO BOX 2277
 Appleton WI 54912
 Ph: (920) 735-5650 * Fax (920) 735-5763
 Email: financialaid@fvtc.edu

 Student's Name (Please print)

 Student ID Number

The U.S. Department of Education has identified conflicting information regarding the number of individuals in your household. Please complete the information below as instructed.

Family Information

List the people in your household, including:

1. Yourself.
2. Your spouse, if married.
3. You and your spouse's children if you or your spouse will provide more than half of their support from July 1, 2014 through June 30, 2015. Even if they do not live with you, they may be included if you provide more than half of their support.
4. 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, 2014 through June 30, 2015.

Note: You may be required to submit documentation proving that you provide more than half of the support for those listed.

Full Name	Age	Relationship
		Self

If you need additional space, attach a separate page.

By signing this worksheet, I certify that all the information reported is complete and correct.

 Student's Signature

 Date

Office use only: Date received _____ Staff Initials _____