2014-2015

Independent Verification of Number in Household



Student Financial Services – RM E118 1825 N Bluemound Dr/ PO BOX 2277 Appleton WI 54912 Ph: (920) 735-5650 * Fax (920) 735-5763

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 <u>more than half</u> 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		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 Signatu	ıre	 Date						
Office use only	: Date received	Staff Initials						