

2008-2009
Family Member Form

Student _____ **Student ID** _____

To complete the Verification of your financial aid application, we need some additional information regarding a household member. Federal regulations state that a person may be included as part of your household only if he/she lives with you (if you are an independent student) or lives with your parents (if you are a dependent student), and you/your parents will provide more than half of the person's support through June 2009.

Please complete and sign this form. We suggest that you return it to the Office of Student Financial Services **WITHIN 7 DAYS**. Thank you for your cooperation and prompt response. **This information is required prior to the processing of your financial aid.**

Name of family member	Relationship	Age

1. Does the person above currently reside with you/your parent(s) and will he/she continue to do so through June 2009? Yes No

2. Does the person above receive any funds from social security, TANF, disability, etc.? Yes No
If yes, how much was received in 2007? \$_____ Circle the type of assistance received.

3. Are you/your parent(s) currently providing more than half of this person's support? Yes No
(Support includes housing, food, money, car, clothing, medical, dental, etc.)

4. Will you/your parent(s) continue to support this person through June 2009? Yes No
(Support includes housing, food, money, car, clothing, medical, dental, etc.)

5. Do you/your parent(s) receive any funds from this person (for rent, food, etc.) or are you/your parent(s) paid anything on this person's behalf (i.e.: cash, social security, state funds for foster care, etc)? Yes No
If yes, what amount per month? \$_____ Program name _____

6. Is this person attending college in 2007-08, disabled, employed or not employed? Circle the answer.
a. If student could attend college, would this person provide parental information on their FAFSA? Yes No
If attending, please list the name of the college they are attending _____

The student (and one parent, if you are a dependent student) must sign below to certify that the information reported on this form is true and accurate.

Student's Signature _____ **Date** ____/____/____

Parent's Signature _____ **Date** ____/____/____