

2022-23 HOUSEHOLD VERIFICATION FORM — DEPENDENT STUDENT

Your Free Application for Federal Student Aid (FAFSA) was selected for verification. The Office of Financial Aid is required by federal regulation to collect documentation to verify the information you entered on the FAFSA.

Failure to complete verification will prevent processing of your financial aid or cause billing back of aid already received. Awarding of all financial aid is contingent upon availability of funds.

STEP 1 – STUDENT INFORMATION						
Name:	Student ID Number:					
STEP 2 – HOUSEHOLD INFORMAT Use the chart below to list the peop last name, age, and relationship to y	le in the			ed on the FAF	SA. Include the	first name,
 The student. The parents (including a step) The parents' other children if 2022, through June 30, 2023 were completing a FAFSA for does not live with the parents Other people if they live with the and will continue to provide meaning a step. 	the pare , or if the 2022-20 the paren	nts will provide e other childrer 23. Include ch nts and the par n half of that pe	e more than hal n would be requ ildren who mee rents provide m erson's support	f of the childre lired to provide et either of thes ore than half of through June 3	n's support from parental information in the parental information in the standards, even fithe other pers 30, 2023.	mation if they ven if the child son's support,
Include information about whether any of the household members will be enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution between July 1, 2022 and June 30, 2023.						
Full Name	Age	Relationship to Student	College Name	Enrolled at Least Half Time (Yes or No)	Under- graduate	Graduate
You (The Student)		Self	Albion College	Yes	Х	
If more space is needed, provide a separate page with the student's name and ID number at the top.						
STEP 3 — CERTIFICATION AND SIGNATURE Each person signing below certifies that all of the information reported is complete and correct.						
Student's Signature	Date		Parent's Signature			Date
Completed forms and documentatio	n can be	brought to the	Office of Finance	cial Aid, emaile	d to financialaid	d@albion.edu.

faxed to 517/629-0581, or mailed to the address below. Social security numbers should be redacted for security purposes.