



2017-2018

DEPENDENT - HOUSEHOLD SIZE and NUMBER in COLLEGE

Your 2017-2018 application has been selected for review in a process called "VERIFICATION." The law says that before awarding you Federal Student Aid, we may ask you and your parents to confirm the information you reported on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents and submit the form and other required documents to the financial aid office. If you have questions about verification, contact your financial aid office as soon as possible so that your financial aid will not be delayed.

Please Complete In Blue/Black Ink.

<hr/>	<hr/>	<hr/>	<hr/>
Last Name	First Name	Middle Initial	PID
<hr/>		<hr/>	
Address (include apt. no.)		Date of Birth	
<hr/>		<hr/>	
City	State	Zip Code	Phone Number (include area code)
<hr/>	<hr/>	<hr/>	<hr/>

List the people in parent(s) household. Include:

- ◆ Yourself, and your parent(s) (including adoptive and step parents) even if you do not live with your parent(s).
- ◆ Your parent(s)'s other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018.
- ◆ Include other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.
- ◆ Include the name of the college for any household member who will be attending college at least half-time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program. Do not include your parent(s).

First	Full Name Last	Age	Relationship to you (self, parent, brother, sister, etc)	If this person will attend college half-time or more in 2017-2018, print the name of the college.	Will be Enrolled at least 6 credit hours? Yes or No
			Self	Colorado State University-Pueblo	

If there are more than seven people in your household, please attach a separate piece of paper with the above information for each additional person.

CERTIFICATIONS AND SIGNATURES

Each person signing below certifies that all of the information reported above is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____