Danville Community College logo **2019–2020 Independent Household Size Verification Form**

**Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You must complete, sign, and submit this form listing the name and age of each of your household members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.**

1. **Student Information**

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**Student’s Name (Last, First, M.I.) Student ID - *REQUIRED***

**B. Household Information**

List the people in your household. Include the following:

* Yourself
* Your spouse.
* Your children.
* Other people if they now live with **and** you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

If more space is needed attach an additional sheet with the student’s name and ID at the top. The student must sign and date the additional sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Age** | **Relationship to You** |
| ***EXAMPLE: Missy*** | ***Jones*** | ***18*** | ***Sister*** |
|  |  |  | ***Self*** |
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**C. Certification and Signatures**

Each person signing below certifies that all the information reported on this worksheet is complete, correct, and any additional information is attached. The student MUST sign and date this section.

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

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Student’s Signature Date