



FINANCIAL AID OFFICE

2018-2019 Dependent Student Household Verification

Student ID # *

Student Name

(Last Name, First Name)

* For new students, the Student ID# can be found on the Financial Aid Award Letter.

Your Financial Aid Application has been selected for review to verify the number of persons in your/your parent's household. Financial aid regulations require that we complete verification before processing financial aid. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate. **Incomplete forms will not be accepted.**

IDENTIFY THE SPECIFIC PEOPLE WHO CAN BE COUNTED IN YOUR PARENT'S HOUSEHOLD.

Who are your parents allowed to include in your household?

→ You

→ **Your parents** (including a step parent), even if you don't live with your parents

→ **Your parents' other children**, even if they do not live with your parents, **IF** (a) your parents will provide more than half of their support between **July 1, 2018 and June 30, 2019** or (b) **IF** the children would be required to provide parent information if they were to file a FAFSA.

→ **Other people if:**

- The person lives with your parents **NOW; AND**
- your parents provide more than half of their support; **AND**
- your parents **WILL CONTINUE** to provide more than half of their support through June 30, 2019. (Do not include foster children).

→ Include any household member, **excluding your parent(s)**, who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible post-secondary educational institution any time between July 1, 2018 and June 30, 2019. Please also include the name of the college.

Full Name	Age	Relationship to Student	College
STUDENT: 1)		Self	McDaniel College
PARENTS OR STEP-PARENTS: 2)			
3)			
SIBLINGS AND OTHER PEOPLE: 4)			
5)			
6)			

If more space is needed, please attach a separate page that includes the student's name and ID number at the top.

By signing this form, I certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both. I understand that McDaniel College, Financial Aid Office is authorized to make changes to my FAFSA based on the information I report on this form.

Student Signature (HANDWRITTEN, NOT TYPED)

Date

Parent Signature (HANDWRITTEN, NOT TYPED)

Date

This form contains personally identifiable information.

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