



FINANCIAL AID OFFICE

2018-2019 Independent Student Household Verification

Student ID # *

Student Name (Last Name, First Name)

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 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.

LIST THE PEOPLE YOU (AND YOUR SPOUSE) WILL SUPPORT BETWEEN JULY 1, 2018 AND JUNE 30, 2019.

Include:

- > Yourself and your spouse (if married at the time you completed the FAFSA).
-> Your dependent children, even if they do not live with you, if you will provide more than half of their support between July 1, 2018 and June 30, 2019.
-> Your unborn children, if the child will be born between July 1, 2018 and June 30, 2019 and you will provide more than half of the child's support.
-> Other people if:
- The person lives with you NOW; AND
- you provide more than half of their support; AND
- you WILL CONTINUE to provide more than half of their support through June 30, 2019. (Do not include foster children)
-> Include information about any household member who is, or 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, and include the name of the college.

Table with 4 columns: Full Name, Age, Relationship to Student, College. Row 1: STUDENT: 1) Self, McDaniel College. Rows 2-4 are empty.

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

This form contains personally identifiable information.

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