

2009-2010
Household Member Form

Student's Name _____ Student's ID _____

To complete the Verification of your financial aid application, we need some additional information regarding a household member. Federal regulations state that a person may be included as part of your household only if he/she lives with you (if you are an independent student) or lives with your parents (if you are a dependent student), and you/your parents will provide more than half of the person's support through June 2010.

Name of household member	Relationship to student	Age

1. Does the household member above currently reside with you/your parent(s) and will he/she continue to do so through June 2010? Yes No Please provide us with documentation to show proof of residence.

2. Does the household member above receive any funds from social security, TANF, disability, etc.? Yes No

If yes, list the program name(s) _____

How much was received per month in 2008? \$_____ for how many months? _____

How much would be received per month in 2009? \$_____ for how many months? _____

Please provide us with documentation of their 2008 and 2009 income.

3. Are you/your parent(s) currently providing more than half of this person's support? Yes No
(Support includes housing, food, money, car, clothing, medical, dental, etc.)

Please provide us with examples of how you are providing more than 50% of their support. _____

4. Will you/your parent(s) continue to support this person more than half of this person's support through June 2010? Yes No (Support includes housing, food, money, car, clothing, medical, dental, etc.)

a. Please provide us with an explanation as to why you will continue providing support. _____

b. If household member is not a sibling, please explain why their parent(s) is not providing more than 50% of their support.

5. Do you/your parent(s) receive any funds from this person (for rent, food, etc.) or are you/your parent(s) paid anything on this person's behalf (i.e. cash, social security, state funds for foster care, etc.)? Yes No

If yes, list the program name(s) _____

How much was received per month in 2008? \$_____ for how many months? _____

How much would be received per month in 2009? \$_____ for how many months? _____

6. Is this person younger than age 18 attending college disabled employed not employed

Please provide the household member's date of birth ____/____/____

a. If they could attend college, would this person provide parental information on their FAFSA? Yes No

If attending, please list the name and phone number of the college they are attending _____

How many credits is the household member taking in 2009-2010? _____ fall _____ winter _____ spring

Please provide us with a billing statement from the Business Office and an award notice from the Financial Aid Office. Please provide us with a living expense statement, if not in college.

b. If the household member would not live at home, could he/she support themselves with income, excess FA, social service assistance, with a roommate? Yes No

Please complete, sign and return this form to the Office of Student Financial Services WITHIN 7 DAYS. If you have questions as to how to complete this form, please call Mary at 701-231-8398 for assistance. Thank you for your cooperation and prompt response. Your financial aid will be on hold until all information is received and your application has been verified.

By signing this form, you are certifying that the information reported on this form is true and accurate.

Student's Signature _____ **Date** ____/____/____

Parent's Signature _____ **Date** ____/____/____