



VERIFICATION OF HOUSEHOLD MEMBER SUPPORT

STUDENT NAME: _____

Date: _____

Student SAU ID or Social Security #: _____

This form has been sent to you because you indicated that you provide support for one or more individuals who would not normally be considered a dependent. This form will be used to verify whether or not the individual can be considered a dependent for financial aid purposes. You should have been contacted by someone in the Financial Aid office regarding which individual(s) you need to verify. If you were not contacted, please call our office at 517-750-2900 or e-mail us at financialaid@arbor.edu to determine the individual in question. **Please note that if you have more than one individual in question, you need to complete a form for each of them.** If an individual is a minor, please list amounts paid by the individual's parent(s).

Name of individual being supported: _____ Relationship: _____

Residency	2012	Anticipated 1/1/13-6/30/13	Anticipated 7/01/13-6/30/14
Dates of Residency outside of student's home:	_____	_____	_____
Dates of Residency in student's home:	_____	_____	_____

Support Paid: (Please provide estimated dollars paid--not percentages)

(by designated expense category)

Paid by Student
or Student's Parent

2012	YTD 2013

Paid by Individual being
supported (not student)

2012	YTD 2013

2012 Welfare or Social Security Benefits Paid to the individual or on behalf of the individual: \$ _____

Do not include the value of room and board.

Income

If age 16 or over, was/is the individual employed? Yes or No (circle one)

If yes, what was 2012 income for the individual? _____

2013 income year-to-date for the individual? _____

Signed: _____
Student or Parent of Dependent Student

Printed Name: _____