



Office of Student Financial Aid

Student Printed Name _____

KSU ID Number _____

Your application has been selected for verification of household size. You are required to complete all appropriate sections of this form and submit it to KSU Office of Student Financial Aid with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

Write all the names of all household members in the space(s) below. Also, write in the name of the college for any household member who will attend at least half time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program. Dependent students should not count their parent(s) as a college student. If you need more space, attach a separate page.

DEPENDENT STUDENTS:

List the people in your parent(s) household including: yourself; your parent(s) **(including step-parent)** even if you don't live with your parents; your parent(s) other children **if your parent(s) will provide more than half of their support from July 1, 2015 through June 30, 2016;** and other people **who live with your parent(s) and for whom your parent(s) provide and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.**

INDEPENDENT STUDENTS:

List the people in your household including; yourself; your spouse if you are married; your or your spouse's children if you or your spouse **will provide more than half of their support from July 1, 2015 through June 30, 2016;** and **other people if they now live with you, and you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.**

Full Name	Age	Relationship	College Attending/will attend	Will be enrolled at Least Half Time? (Yes or No)
		Self	Kennesaw State University	

*By signing below, both student and parent(s) acknowledge and confirm that the above is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. **If the student is Dependent, one parent whose information was reported on the FAFSA must sign and date.***

Student Signature

Student Phone #

Date

Parent's Printed Name

Parent's Signature

Date