

MARIST OFFICE OF STUDENT FINANCIAL SERVICES



Supplemental Financial Aid Information

Household Verification Form 2017-2018 Academic Year

Student Name: _____

Student CWID: _____

Dependent students: List the people in your parent(s)' household, including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from **July 1, 2017 through June 30, 2018**, or if the children would be required to provide parental information when completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through **June 30, 2018**.

Independent students: List the people in your household, including:

- Yourself, and your spouse, if married.
- Your children if you will provide more than half of their support from **July 1, 2017 through June 30, 2018**.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through **June 30, 2018**.

Write the names of all household members in the spaces below. Also write in the name of the college for any household member, excluding colleges for your parent and any household member attending U.S. Military Service Academies. Only include college names for students who will be attending college at least half-time between **July 1, 2017 and June 30, 2018**, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Date of Birth	Relationship	College*	Enrolled At Least Half Time?
		Student/Self	Marist College	Yes

***NOTE: Marist College may verify college enrollment of household members via the National Student Clearinghouse after October 15, 2017. If college enrollment cannot be confirmed, the student's FAFSA will be updated, which may result in a retroactive change or cancellation of need-based financial aid.**

Each person signing below certifies that all of the information reported is complete and correct to the best of their knowledge. WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail or both.

Student's Signature Date

Parent's Signature Date
(For Dependent Students only)

Parent Printed Name

Please mail form to: Marist College • Office of Student Financial Services • 3399 North Road • Poughkeepsie, NY 12601
Please email form to: studentfinancialservices@marist.edu
Please fax form to: (845) 575-3099