

Dependent Student Verification

STUDENT INFORMATION		(PLEASE PRINT)
Student Name:		Student ID#:
Address:		City:
State:	Zip:	Email:

- A. HOUSEHOLD INFORMATION: Include all children who are under the age of 19, are dependent on the parents, and are living with the parents on June 30, 2024, through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024–2025. Include children who meet either of these standards, even if a child does not live with the parents.
- **Exclusion: Do not list children to whom child support is paid.**
 - Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2025.
 - Number in College: Include in the space below information about any household member, excluding the parents, who is, or will be, enrolled **at least half time** in a degree, diploma, or certificate program at an

eligible postsecondary educational institution any time between July 1, 2024, and June 30, 2025, and include the name of the college.

Household Member Name	Age	Relationship	Name of College (if attending)
Your Name _____		Self	Southern State Community College

