Family/College Verification Form
2018 - 2019

Student Name ____________________________ Student PID (Pxxxxxxxxxx)

Student Signature ____________________________ Date

Parent Signature ____________________________ Date

Please list the people who will be supported by you or your parent’s household between July 1, 2018 and June 30, 2019. Provide the name of the college for any family member who will be attending college at least half time and will be enrolled in a degree, diploma, or certificate program between July 1, 2018 and June 30, 2019. Also provide each student’s status as undergraduate (U), graduate (G), or non-degree (N).

**Dependent Students**
- Include yourself (even if you do not live with your parents)
- Include your parents (and step-parent if your divorced parent is remarried). Please note that parents will not be included in number in college.
- Include your parents’ other dependent children for whom they provide more than 50% support, even if they don’t live with your parents (do not include children who can answer “yes” to any question on the dependency section of the FAFSA).
- Include other people only if they lived with your parents and received more than 50% of their support from them at the time you completed the FAFSA and will continue to receive similar support from July 1, 2018 through June 30, 2019.

**Independent Students**
- Include yourself.
- Include your spouse (if applicable at the time you filed the FAFSA).
- Include your dependent children for whom you provide more than 50% support.
- Include other people only if they lived with you and received more than 50% of their support from you at the time you completed your FAFSA and will continue to receive similar support from July 1, 2018 through June 30, 2019.

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<th>Full Name</th>
<th>Age</th>
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<th>Relationship</th>
<th>College</th>
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Office of Student Financial Aid and Scholarships
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Athens, OH 45701-2979