

Dependents in Household Form

Dependent Student (DDIH)

Academic Year 2017-2018
 Campus Financial Services Center * 7400 Bay Road
 University Center, MI 48710
 (989) 964-4900 * FAX: (989) 964-4291
cfsc@svsu.edu * www.svsu.edu/cfsc

LAST NAME	FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #

On your 2017-2018 Verification Worksheet, there is conflicting data about members of your household:
Only list people for whom your parents provide more than half of their support and will continue to pay more than half of their support from July 1, 2017, through June 30, 2018.

Full Name	Age	Relationship	College (if applicable)

Statement of Household:

We certify that those listed above should be considered as part of the student's household because I, _____, do pay more than half of the support for those listed above and will continue to pay more than half of their support from July 1, 2017, through June 30, 2018.

If you list the same people as you did on your verification worksheet, you must document below how your parents provide more than 50% of their support for anyone listed who is not a sibling under the age of 24. To qualify, the person must now live with your parents, as well as receive more than 50% of their support from your parents. Indicate how much your parent provides and how much that person earns (including Social Security, unemployment and financial aid). You may contact CFSC to verify the household member in question.

Certification: I (We) certify that the information above is true and accurate to the best of my (our) knowledge.

 Student Signature Date

 Parent Signature Date