

Dependents in Household Form Independent Student (IDIH)

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 you 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

Statement of Household:

I certify that those listed above should be considered as part of my household because I 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 you provide more than 50% of their support. Indicate how much you provide and how much each person earns (including SS, unemployment and financial aid). If someone is helping you provide for a child please indicate who and how much.

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

Student Signature

Date