



**Dependents in Household Form**  
**Dependent Student**

Academic Year 2009-2010  
Office of Scholarships and Financial Aid \* 7400 Bay Road  
University Center, MI 48710  
(989) 964-4103 \* FAX: (989) 790-0180  
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LAST NAME		FIRST NAME	MIDDLE INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #	

On your 2009-2010 Verification Worksheet, you listed the following people as members of your household:

Full Name	Age	Relationship	College

Please confirm that the information above is correct, and that your parent(s) do pay more than half of the support for the people listed above and will continue to pay more than half of their support from July 1, 2009, through June 30, 2010. Please cross off anyone that does not meet these guidelines.

**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, 2009, through June 30, 2010.***

Please write any additional comments that you feel may be necessary if your situation does not match the statement above.

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