



Independent Status Form
Independent Student

Academic Year 2009-2010

Office of Scholarships and Financial Aid * 7400 Bay Road
University Center, MI 48710

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

On your 2009-2010 Free Application for Federal Student Aid (FAFSA), you stated that you had dependents who live with you and receive more than half of their support from you, now and through June 30, 2010. Please list these people below.

Full Name	Age	Relationship	College

Statement of Household:

I certify that those listed above should be considered as part of my 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 certify that the information above is true and accurate to the best of my knowledge.

Student Signature

Date