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**Student ID #** **Last Name** **First Name**

# 2018-2019 HOUSEHOLD VERIFICATION FORM FOR INDEPENDENT STUDENT

List below the people you will support between July 1, 2018 and June 30, 2019. **Include yourself (and your spouse if you are married).** Include your children if you provide more than half of their support Include other people **only** if they meet the following criteria: (1) they now live with you, AND (2) you provide more than half of their support and will continue to provide more than half their support from July 1, 2018 through June 30, 2019. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

*Failure to complete this form will cause a delay in the processing of your aid.*

| *Name* | *Age* | *Relationship to Student* |
|---|---|---|
| | | ***SELF*** |
| | | |
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| | | |

TOTAL IN HOUSEHOLD_____

_____ _____

STUDENT'S SIGNATURE DATE

_____ _____

STUDENT'S SPOUSE'S SIGNATURE (IF MARRIED) DATE

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaidverification@eiu.edu