2009-2010

JACKSON STATE COMMUNITY COLLEGE

VERIFICATION OF HOUSEHOLD SIZE/NUMBER IN POST-SECONDARY INSTITUTIONS

_____ _____
Name Social Security Number

Your file is being reviewed for the 2009-2010 academic year. Please provide the following information about your household.

❑ Dependent Student: Fill in the information about the people whom your parents will support from July 1, 2009 until June 30, 2010. Be sure to include yourself, your parents, and any other person to whom they provide more than 1/2 support from July 1, 2009 through June 30, 2010.

❑ Independent Student: Fill in the information about the people whom you will support from July 1, 2009 until June 30, 2010. Be sure to include yourself, your spouse, your dependent children and any other person to whom you provide more than 1/2 of their support from from July 1, 2009 through June 30, 2010.

Full Name	Age	Relationship	College Name (must be at least 1/2 time student and degree-seeking)

The above information is true and correct to the best of my knowledge.

Please provide the following signatures:

❑ _____ ❑ _____
Applicant's Signature Date Spouse's Signature Date

❑ _____ ❑ _____
Father's Signature Date Mother's Signature Date