



Office of

# Financial Aid and Scholarships

## 2023 – 2024 Other Adult Household Size Conflict – Dependent Student (EPHA24)

Student Name: \_\_\_\_\_

ETSU E-Number: E\_\_\_\_\_

Complete this form if one or more of the individuals listed in your parent’s household would be considered independent for financial aid purposes such as a grandparent or a sibling who is 24 years of age or older. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

**Check the box that applies to the parent(s) whose information was reported on the FAFSA and the other adult(s) whose information was reported on the Verification Worksheet:**

The parent(s) of the student listed at the top of this form have **NOT** provided and **will NOT** provide more than 50% of \_\_\_\_\_’s support from July 1, 2023 through June 30, 2024 (the 2023-2024 academic year).

The parent(s) of the student listed at the top of this form **have provided** and will continue to provide more than 50% of \_\_\_\_\_’s support from July 1, 2023 through June 30, 2024 (the 2023-2024 academic year).

Attached is proof of \_\_\_\_\_’s **2021 income (tax return transcript, W-2 forms, 1099-MISC forms, SSA-1099 form, etc.)**

\_\_\_\_\_ was not employed in 2021 and had no source of income including Social Security Benefits.

**Certification: ALL PARTIES MUST COMPLETE THE CERTIFICATION BELOW**

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail or both.

\_\_\_\_\_  
Parent Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

To submit the completed form: In person: Office of Financial Aid and Scholarships, Burgin-Dossett – Room 105; Mail: Office of Financial Aid and Scholarships, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855;