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

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2016–2017 Other Adult Household Size Conflict – Dependent Student (EHHSOA)

Student Name: ___________________________  Student ID: __________________

Complete this form if one or more of the individuals listed in your parent’s household size would be considered independent for financial aid purposes such as a grandparent or a sibling who is 24 or older.

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, 2016 through June 30, 2017 (the 2016-2017 school 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, 2016 through June 30, 2017 (the 2016-2017 school year).

☐ Attached is proof of ________________________________’s 2015 income (tax return transcript, W-2 forms, 1099-MISC forms, SSA-1099 form, etc.)

☐ ________________________________ was not employed in 2015 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 that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail or both.

__________________________  ____________________________
Parent Signature (Required)  Date

__________________________  ____________________________
Student Signature (Required)  Date