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

2016–2017 Other Child Household Size Conflict – Dependent Student (EHHSOC)

Student Name: ____________________________  Student ID: ______________________

Complete this form if one or more of the children listed in your parent’s household size are not your parent’s legal, biological child(ren) or step-child(ren) such as a niece or nephew. If your parent(s) have legal custody of a child that is not your parent(s) biological or step-child(ren), please submit the official documentation of the custody order.

Check the box that applies to the other child(ren) 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 from July 1, 2016 through June 30, 2017 (the 2016-2017 school year).

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 of Student’s Signature (Required)  Date

Parent of Other Child’s Printed Name (Required)  Date

Parent of Other Child’s Signature (Required)  Date

Student Signature (Required)  Date