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

Student Name: ________________________________  Student ID: ________________

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

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

☐ The student listed at the top of this form has 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 student listed at the top of this form has 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 if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail or both.

_________________________________________  ________________________________
Student Signature (Required)  Date