2017–2018 Other Adult Household Size Conflict – Dependent Student (EPOHA8)

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, 2017 through June 30, 2018 (the 2017-2018 school year).

- [ ] The parent(s) of the student listed at the top of this form have **have provided** and will continue to provide more than 50% of ___________________________’s support from July 1, 2017 through June 30, 2018 (the 2017-2018 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 ___________________________