2017–2018 Other Adult Household Size Conflict – Independent Student (ESHOA8)

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 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, 2017 through June 30, 2018 (the 2017-2018 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, 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 if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail or both.

__________________________________________  Date