2019 – 2020 Other Adult Household Size Conflict – Independent Student (ESHOA0)

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. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

Certification: STUDENT 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

Failure to complete every section of this form will result in a delayed financial aid package

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;