



Office of

Financial Aid and Scholarships

2022 – 2023 Other Adult Household Size Conflict – Dependent Student (EPHA23)

Student Name: _____

ETSU E-Number: E _____

Complete this form if one or more of the individuals listed in your parent’s household would be considered independent for financial aid purposes such as a grandparent or a sibling who is 24 years of age or older. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

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, 2022 through June 30, 2023 (the 2022-2023 academic 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 support from July 1, 2022 through June 30, 2023 (the 2022-2023 academic year).

Attached is proof of _____’s **2020 income (tax return transcript, W-2 forms, 1099-MISC forms, SSA-1099 form, etc.)**

_____ was not employed in 2020 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.

Parent Signature (Required) Date

Student Signature (Required) Date

To submit the completed form: In person: Office of Financial Aid and Scholarships, Burgin-Dossett – Room 105; Mail: Office of Financial Aid and Scholarships, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855;