UNIVERSITY OF
ST FRANCIS

HOUSEHOLD VERIFICATION
2019-2020

USF Student's Name:_____USF ID or SSN:_____

We have reviewed your application for financial assistance and must clarify some information provided. Below list all people who will live in your or your parent(s)' household and **receive over 50 percent support** during the period July 1, 2019 through June 30, 2020.

Please state below the name, relationship to you (i.e., mother, father, brother) and age of the person. If the person will be attending a college or university on at least half-time basis as a degree-seeking student, list the name of the institution that person will be attending. Please feel free to contact Financial Aid Services if you have any questions regarding this information.

Dependent students: ***Include your parents*** *and those people supported by and living with your parent(s).*

Independent students: *Include those people supported by and living with you (and your spouse).*

NAME OF FAMILY MEMBER	RELATIONSHIP TO YOU	AGE	LIST THE INSTITUTION'S NAME BELOW FOR EACH FAMILY MEMBER ENROLLED AT LEAST HALF TIME AT A COLLEGE/UNIVERSITY.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Use the backside of this form if you need to list additional family members

We certify that the above information is true and correct to the best of our knowledge.

_____
Student's Signature Date

_____
Parent's Signature Date

Please return the completed form to:

Financial Aid Services
500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu
(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822