



**HOUSEHOLD VERIFICATION  
2024-2025**

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, 2024 through June 30, 2025.

Please state below the name, relationship to you (i.e., mother, father, brother) and age of the person. 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	AGE	RELATIONSHIP TO YOU
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**Use the back side 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](mailto:finaid@stfrancis.edu)

(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822