

Office of Financial Aid

2025 - 2026

Date: _____

Parent Household Verification Worksheet

Student Name:			Student ID:			
The C	Office of Financial Aid is required to confirm	the inform	nation you reported	on the FAFSA.		
Instr	uctions:					
	the names of the people in your parent's hourtly attending.	isehold in t	he space(s) below.	Include the name of the	ne college they are	
A pa	arent's household includes:					
•Yo	our parents /stepparent even if you do not liver parents' other children, if Your parents will provide more to OR Children would be required to preproper people who live with your parents, if Your parents will provide more to	han half of ovide parer	their support from	en applying for Federa	ıl Student Aid	
	Full Name Age Relationship College Enrolled at					
	run Ivame	Age	Relationship	College	Least Half- Time	
	Missy Jones (example)	14	Sibling	None	No	
1			Self	SUNY Erie		
2						
3						
4						
5						
7						
8						
9						
10						
10	If you need n	nore space.	please attach a sepa	rate page.		
By sig mislea	fication: ning below, I acknowledge and confirm that ding information may result in federal fines, ent Signature:	the inform	nation provided is co	1 0		
Juue	in orginature,			Date		

Parent Signature: