

Panther ID Number							

HOUSEHOLD SIZE & NUMBER IN COLLEGE VERIFICATION 2009-2010

Student's Last Name	First	MI

There was a discrepancy in the household size and/or number in college you reported on your 2009-2010 Free Application for Federal Student Aid (**FAFSA**). In order to resolve this discrepancy please complete this form according to the instructions outlined in each section.

SECTION I:

In the tables below please check the box that corresponds with your marital status on the day you signed the Free Application for Federal Student Aid (**FAFSA**).

STUDENT MARITAL STATUS		
<input type="checkbox"/> SINGLE	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> MARRIED
<input type="checkbox"/> WIDOWED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> REMARRIED
<p>If your marital status has changed since your original application, give the date of change and briefly explain the reason:</p> <hr/> <hr/>		

PARENT MARITAL STATUS	
IF YOU ARE...	THEN...
<input type="checkbox"/> MARRIED (both are living and married to each other)	Complete the form using both of your parents' information.
<input type="checkbox"/> REMARRIED	Complete the form using your parent's and your stepparent's information.
<input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED	Complete this form using only the parent you lived with and who provided the most support in the last 12 months. If you did not live with one parent more than the other in the past 12 months, answer in terms of the parent who provided you the most financial support during that time.
<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	Complete this form using only the surviving parent – do not include information about the deceased or absent parent.
<input type="checkbox"/> GRANDPARENT OR GUARDIAN	You CANNOT respond as the parent. Please contact our office.
<p>If your marital status has changed since your original application, give the date of change and briefly explain the reason:</p> <hr/> <hr/>	

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HHSV
2009-2010

SECTION II:

Read the instructions below and complete the chart according to your dependency status. List the names, social security numbers and ages of all the people supported between July 1, 2009 and June 30, 2010. Support includes money, gifts, loans, housing, food, clothes, car, medical/dental, payment of college costs, etc. If they will attend college at least half-time per semester between July 1, 2009 and June 30, 2010, write the name of the college. Social Security numbers will be used to verify enrollment. **Do not list colleges for parents. Do not include foster children in household.**

INDEPENDENT STUDENTS: Include yourself and your spouse. Include your children and others if they meet the following criteria:

- They now live with you, and
- They now get more than half of their support from you, and
- They will continue to get this support between July 1, 2009 and June 30, 2010

DEPENDENT STUDENTS: Include your parents and yourself. Include parents' children and others if they meet the following criteria:

- They now live with your parents, and
- They now get more than half of their support from your parents, and
- They will continue to get this support, between July 1, 2009 and June 30, 2010.

NOTE: If child support paid has already been reported on your FAFSA or on previously submitted documents, do **NOT** include child(ren) that child support was paid on behalf of in the household chart below.

NAME	SOCIAL SECURITY NUMBER	AGE	RELATIONSHIP	COLLEGE/ POST-SECONDARY SCHOOL
Jane Doe (example)	000-00-0000	31	Spouse	N/A
			SELF	Georgia State University

CERTIFICATION STATEMENT

"I certify that this information is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false or misleading information provided on this form and or/any other documents submitted, including tax returns and W-2s."

Student signature Date

Spouse signature (required if student is married) Date

Parent signature (required for dependent student) Date

FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL RESULT IN THIS FORM BEING RETURNED TO YOU.

Return form to: **OFFICE OF STUDENT FINANCIAL AID**
P.O. Box 4040 Atlanta GA 30302-4040
Phone: 404-413-2400 Fax: 404-413-2102

ONE STOP SHOP
Sparks Hall.....rooms 227 and 228
Kell Hallroom 292
Hours: Monday – Friday from 8:30am to 5:15pm