

For Office Use Only:



# 2020-2021 Number in Household Verification Form

Student Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Please check "Dependent" or "Independent" below and clarify the members in your household.

\_\_\_\_ **Dependent Students-** in the box below, include:

- Yourself
- Your parent(s) who are listed on the FAFSA
- Your parents' other children, if:
  - they get more than half of their support \* from your parent(s)
  - they would be required to provide parental information on the 2020-21 FAFSA
- Other people: only if they now live with and get more than half of their support\* from your parent(s) and the support\* will continue July 1, 2020 to June 30, 2021.

\_\_\_\_ **Independent Students-** in the box below, include:

- Yourself
- Your spouse
- Your children, if they get more than half of their support\* from you and/or your spouse.
- Other people: only if they now live with you and get more than half of their support \* from you and the support\* will continue July 1, 2020 to June 30, 2021.

\*(Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

By signing this form, you confirm the above statements regarding support are true.

Full Name	Date of Birth mm/dd/yy	Relationship to Student
		Self

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (if DEPENDENT)**

\_\_\_\_\_  
**Date**

**Return completed form to:**  
Financial Aid Office ~ Bridgewater State University  
45 Plymouth Street, Bridgewater, MA 02325 ~ (508) 531-1341 ~ Fax (508) 531-1728