HOUSEHOLD SIZE & NUMBER IN COLLEGE VERIFICATION
2015-2016

<table>
<thead>
<tr>
<th>Student's Last Name</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

There was a discrepancy in the household size and/or number in college you reported on your 2015-2016 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

- [ ] SINGLE
- [ ] DIVORCED
- [ ] MARRIED
- [ ] WIDOWED
- [ ] SEPARATED
- [ ] REMARRIED

If your marital status has changed since your original application, give the date of change and briefly explain the reason:

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### PARENT MARITAL STATUS

<table>
<thead>
<tr>
<th>IF YOU ARE...</th>
<th>THEN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] MARRIED or REMARRIED</td>
<td>Complete the form using both of your parents’ information. (Include information for step-parent if primary parent has remarried.)</td>
</tr>
<tr>
<td>[ ] UNMARRIED (LIVING TOGETHER)</td>
<td>Complete the form using both your parents’ information.</td>
</tr>
<tr>
<td>[ ] DIVORCED</td>
<td>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.</td>
</tr>
<tr>
<td>[ ] SEPARATED</td>
<td></td>
</tr>
<tr>
<td>[ ] SINGLE</td>
<td>Complete this form using only the surviving parent – do not include information about the deceased or absent parent.</td>
</tr>
<tr>
<td>[ ] WIDOWED</td>
<td></td>
</tr>
<tr>
<td>[ ] GRANDPARENT OR GUARDIAN</td>
<td>You CANNOT respond as the parent. Please contact our office.</td>
</tr>
</tbody>
</table>

If your marital status has changed since your original application, give the date of change and briefly explain the reason:

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Panther ID Number

HHSV 2015-2016
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, 2015 and June 30, 2016. 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, 2015 and June 30, 2016, 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, 2015 and June 30, 2016.

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, 2015 and June 30, 2016.

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>COLLEGE/POST-SECONDARY SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe (example)</td>
<td>XXX-XX-0000</td>
<td>31</td>
<td>Spouse</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SELF</td>
<td>Georgia State University</td>
</tr>
</tbody>
</table>

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: 404-413-2600 Fax: 404-413-2102
http://sfs.gsu.edu

Enrollment Services Center (ESC)
227 Sparks Hall
Hours: Monday – Friday from 8:30am to 5:15pm