

| SUNY Delhi Student ID | | | | | | | |
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2023-2024 Household Verification Form

SECTION 1 – STUDENT INFORMATION

Name: _____ Phone Number: _____
 Address: _____ Email Address: _____
 _____ Date of Birth: _____

SECTION 2 – HOUSEHOLD INFORMATION

| DEPENDENT STUDENTS | INDEPENDENT STUDENTS |
|---|---|
| <p>List below the people in your parents' household. Include:</p> <ul style="list-style-type: none"> • Yourself (the student). • Your parents (including a stepparent) even if you do not live with your parents. • Your parents' other children if your parents will provide more than half of the children's support from July 1, 2023, through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if a child does not live with the parents. • Other people if they now live with your parents and your parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024. • Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary education institution between July 1, 2023, and June 30, 2024. <i>If more space is needed, attach a separate page.</i> | <p>List below the people in your household. Include:</p> <ul style="list-style-type: none"> • Yourself (the student). • Your spouse, if married. • The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with the student. • Other people if they now live with you and you or your spouse provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024. • Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary education institution between July 1, 2023, and June 30, 2024. <i>If more space is needed, attach a separate page.</i> |

| Full Name | Age | Relationship | Name of College/Degree Program (If at least Half-time 2023-2024) |
|-----------|-----|--------------|---|
| 1. | | <i>Self</i> | <i>SUNY Delhi</i> |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |

SECTION 3 – CERTIFICATION AND SIGNATURES

NOTE: You may be asked to submit additional documentation. By signing this form, I/we certify that all the information reported on this form is complete and correct. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both. **Electronic signatures are NOT acceptable.**

Student Signature: _____ Date: _____
 Parent Signature: _____ Date: _____
 (if student is a dependent)