CLEVELAND STATE COMMUNITY COLLEGE
HOUSEHOLD VERIFICATION FORM
INDEPENDENT
2009-2010

Student's Name: _____
Last First Middle/Maiden

Social Security Number: _____

Fill in the information about the people whom you/your spouse will support between July 1, 2009 and June 30, 2010.

- Include yourself, your spouse, and
- Your dependent children (if they will receive more than half their support from you or your spouse, and
- Include other people only if they lived with and received more than half of their support from you or your spouse at the time you completed your application and will continue to get this support between July 1, 2009 and June 30, 2010.

Name	Age	Relationship	College Name (if attending half-time or more during 2009-10)
_____	____	self	Cleveland State
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct. **WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.**

Student's Signature: _____ Date: _____