**CLEVELAND STATE COMMUNITY COLLEGE**
**HOUSEHOLD VERIFICATION FORM**
**DEPENDENT**
**2010-2011**

Student's Name: _____
Last First Middle/Maiden

Social Security Number: _____

Fill in the information about the people whom your parents will support between July 1, 2010 and June 30, 2011.

- Include yourself, and
- Your parents, and
- Your parents' dependent children (if they will receive more than half their support from your parents or if they would be required to provide parental information when applying for Federal student aid).
- Include other people only if they lived with and received more than half of their support from your parents at the time you completed your application and will continue to get this support between July 1, 2010 and June 30, 2011.

| Name | Age | Relationship | College Name (if attending half-time or more during 2010-11) |
|---|---|---|---|
| _____ | ____ | 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: _____

Parent's Signature: _____ Date: _____