SOUTHERN STATE COMMUNITY COLLEGE

HOUSEHOLD/NUMBER IN COLLEGE
2018-2019

Student Name: _____Student ID#:_____
(please print)

In the verification process, we find that we need additional information concerning the household members and the number of household members that are attending college at least half time. Please complete the section below and return it to the Financial Aid Office at 100 Hobart Drive, Hillsboro, OH 45133.

Student's Family Information

List below the people in your household, including:

- Yourself
- Your spouse (if married)
- Your parents if you were considered a dependent student on the FAFSA
- Your children, if any, if you provide more than half their support from July 1, 2018 through June 30, 2019, or if the child would be required to provide your information upon completing the FAFSA for 2018-2019
- Other people if they now live with you or your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2019

*Also 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 educational institution any time between July 1, 2018 and June 30, 2019.

Name	Age	Relationship	College (if applicable)	Half Time Status
Students Name:		SELF	Southern State	

Student Signature Social Security# Date