

NEW RIVER
Community College 2019-2020 Dependent Household Size Verification Form Your financial aid application was selected by the U.S. Department of Education to undergo a process called verification. You and your parent must complete, sign, and submit this form listing the name and age of each of your parent(s)' household members and their relationship to you. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

B. H	nt's Name (Last, First, M.			
		Student ID - REQUIRED		
LISUUN	ousehold Information e people in your <u>parent(s)</u>	1 household. Include the following:		
	Your parent(s)' other ch June 30, 2020, or if the 2019-2020 federal final live with your parent(s) Other people if they no continue to provide mo	g a stepparent, even if you do not live wind ildren if your parent(s) will provide more other children would be required to provincial aid application. Include children who will live with your parent(s) and your parenter than half of their support through June in additional sheet with the student's name	than half of their stride parental informomeet either of the the thick provide more a 30, 2020.	mation if they were completing a hese descriptions, even if they do not than half of their support and will
	Name	Last Name	Age	Relationship to You
EXA	MPLE: Missy	Jones	18	Sister
				Self
			+	
Each p inform	ation is attached. The stud VING: If you purposely gi	atures es that all the information reported on thi dent and one parent MUST sign and date we false or misleading information on	this section.	