



2019-2020 Independent Household Worksheet

Student Name _____

Student ID # _____

Address (include apt no.) _____

Date of Birth _____

City _____ State _____ Zip Code _____

Phone number (include area code) _____

Your application was selected by the U.S. Department of Education and/or Garden City Community College for review in a process called "verification". In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form. Complete this verification form and submit it to the financial aid office as soon as possible, so that your financial aid won't be delayed.

FAMILY SIZE INFORMATION:

List all people you support now and through June 30, 2020. **INCLUDE:**

- Yourself
- Your Spouse—if you are married (as of today)
- Your or your spouse's children—if you or your spouse provide **more than half** of their support* from July 1, 2019, to June 30, 2020 (even if they do not live with you).
- Others in your household—if they now live with you, they receive **more than half** of their support* from you and will continue to do so from July 1, 2019, through June 30, 2020.

*support includes money, gifts, loans, housing, food, clothes, medical/dental care, etc.

Write the names, ages, and your relationship to all household members. Also, write in the name of the college for any family member who will be attending college at least half time between July 1, 2019, and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program. Please attach a separate sheet if you need more space.

Full Name	Age	Relationship	College Attending in 2019-2020
		Self	Garden City Community College

SIGN THIS WORKSHEET

Warning: If you purposely give false or misleading information on this form to help establish eligibility for Federal Student Aid, you may be subject to a **\$20,000 fine, a prison sentence or both.**

Student Signature _____

Date _____