

FINANCIAL AID OFFICE  
 STUDENT SERVICES BUILDING  
 MAIL CODE 4702  
 1263 LINCOLN DRIVE  
 CARBONDALE, IL 62901

618/453-4334  
 FAX: 618/453-7305  
 FAO@SIU.EDU  
 FAO.SIU.EDU

**VERIFICATION OF HOUSEHOLD SIZE  
 AND NUMBER IN COLLEGE  
 2016-17**

|

Student's Name \_\_\_\_\_

Student ID Number/Dawg Tag \_\_\_\_\_

Date \_\_\_\_\_

Dear Financial Aid Applicant:

Information from your 2016-17 financial aid application has been received at Southern Illinois University Carbondale. Before your financial aid eligibility can be determined, additional information is required.

**Please complete Sections A and B and return this form so we may continue to evaluate your financial aid eligibility.**

**A. Family Information**

List the people in your household. **Include yourself and your spouse (if you have one)**. Do not include foster children. Include your children if you provide more than half of their support. Include other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)

Full Name	Age	Relationship to student (spouse, son, daughter)	List the name of the college for family members who will be attending college at least half-time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree or certificate program. If the school uses clock hours, include only students attending at least 12 clock hours per week.
1.		<b>Student</b>	<b>SIU</b>
2.			
3.			
4.			
5.			
6.			
7.			

[ ] Check this box if there are more than seven family members, and attach a list of these people.

**B. Student's Certification and Signature**

**WARNING: This form is used in the process of establishing eligibility for federal student aid funds. You should know that intentionally false statements or misrepresentation may subject the filer to a fine or imprisonment, or both, under provisions of the United States Criminal Code.**

*I certify that all of the information on this form is complete and correct.*

\_\_\_\_\_  
 Student's signature

\_\_\_\_\_  
 Date

Documents should be faxed to 618/453-7305. If you do not have access to a fax machine, documents can be mailed to the address on the top of this form.