PATRICK HENRY COMMUNITY COLLEGE FINANCIAL AID OFFICE 645 PATRIOT AVE, MARTINSVILLE VA 24112

2018–2019 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.

A. Student Information			
Student's Name (Last, First, M.I.)			Student ID - REQUIRED
B. Household Informati List the people in your parent(s	on s)' household. Include the following:		
 Your parent(s)' other June 30, 2019, or if the 2018-2019 federal fir live with your parent(Other people if they is continue to provide in If more space is needed attach 	ding a stepparent, even if you do not live we children if your parent(s) will provide more the other children would be required to propancial aid application. Include children we (s). Inow live with your parent(s) and your parent than half of their support through Junian additional sheet with the student's nar	e than half of their sovide parental information meet either of the ent(s) provide more the 30, 2019.	support from July 1, 2018 through mation if they were completing a hese descriptions, even if they do not than half of their support and will
and date the additional sheet. First Name	Last Name	Age	Relationship to You
EXAMPLE: Missy	Jones	18	Sister
			Self
information is attached. The st	natures tifies that all the information reported on the tudent and one parent MUST sign and date give false or misleading information or the false of the false o	te this section.	
Parent Signature			Date