

2017-2018 Certification of Change of Permanent Residence

			1	
Student Name			ID	#
Please complete form in	blue or black ink. In	complete forms will no		π
arrangements have change	ed. If you live with and ate how this parent no	receive more than 50% of	of your support from	or divorced and/or your living n a different parent than previously The parent reported on the FAFSA
YOUR PERMANENT Your permanent home a				
NAME OF PARENT Y				
I. List the name, age				
Name	Age	Relationship to Student		of Person who will claim child or endent on 2015 tax return
2. Attach a copy of the	parent's most rece	nt income tax return.		
3. Attach your parent's p	proof of other income	e received in 2015 or 20	016	
Amount for Year	Untaxed Income			
\$	Department of Human Services assistance Includes food stamps (SNAP), cash assistance, and/or child care. Acceptable			
	documentation: a statement showing amount received in 2015or 2016.			
\$	Child Support Received from : (Name of Payer)			
Ψ	Acceptable documentation: a statement from Friend of The Court showing			
	the amount your parent received, a copy of all child support checks received,			
	or signed statement from the payer indicating amount paid in 2015 and/or 2016.			
\$	Social Security or Supplemental Security Income (SSI) Acceptable documentation: a statement showing amount received in 2015 or 2016			
\$	Subsidized or Low Income Housing (Section 8)			
A	Provide amount paid by government on your parent's behalf for the year.			
\$	"Cash Support" - Money received from someone else and/or "In-Kind Support" - Non-monetary support such as free housing or groceries.			
I certify the information r			11 22 23	<u> </u>
Parent Signature			Date	
for your student and/or that you the correct parent for FAFSA p. If you purposely give false or m.	ır student resides with yo urposes, and that all of th	u more than 50% of the year ne information reported above	r, and you are e is correct.	'

\$20,000, sent to prison, or both per Federal Regulations.

Internal use ONLY
Reviewed:______
Scanned: ______

RETURN FORM with attachments to: Lake Superior State University Financial Aid Office 650 West Easterday Avenue Sault Ste. Marie, MI 49783-1699 Phone: 906-635-2678 Fax: 906-635-6669

Email: finaid@lssu.edu