

2020-2021 Household Independent Confirmation

Fax: 906-635-6669

finaid@lssu.edu

SECTION I – STUDENT IDENTIFICATION Please complete form in blue or black ink. Incomplete forms will not be accepted. Please complete the verification requirements as soon as possible so your financial aid will not be delayed. A		
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Student Last Name First Name M.I. Student ID #		
Permanent Address (include Apt. No.) Date of Birth		
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City State Zip Code Home Phone Number Cell	Phone Number	
SECTION II – FAMILY INFORMATION		
List yourself and any other legal dependents living in your household, for whom you will provide more than half of their support from July 1, 2020 through June 30, 2021. Please include biological or stepchildren if you and/or your spouse are their custodial parent(s), even if they are not claimed on your tax return. Who is included in the household: INCLUDE YOURSELF AND YOUR SPOUSE. INCLUDE your children if they live at home and you provide more than half of their support. DO NOT include foster children. DO NOT include boyfriend, girlfriend, fiancée or roommate(s). DO NOT include your children over the age of 24 if they are students. List the name, age, relationship and name of college each listed person will attend, if applicable.		
LIST THE NAME OF EACH Household Member (INCLUDING YOURSELF) Age Relationship to Student (if enrolled at least ½ time bet		
Household Member (INCLUDING YOURSELF) Age Relationship to Student (if enrolled at least ½ time bet Self LSS		
You must complete ALL boxes for each household member, including yourself.		
SECTION III— CERTIFICATION		
By signing this form, I certify that all of the above information is complete and correct.		
<u>Important</u> Finar	e Superior State University ncial Aid Office	
	W Easterday Ave t Ste Marie, MI 49783	

ACCEPTED!