

2022-2023 Household Independent Confirmation

Please complete the verif	ication requirements as	soon as possible so	your financial	aid will not be delay	ed.
Student Last Name	First Name	M.I.	_ A _ Stu	ident ID #	
Permanent Address (inclu	ude Apt. No.)		 	te of Birth	
			1	1	()
City	State	Zip Code	_ (<u></u> Hoi	me Phone Number	Cell Phone Number
upport from July 1, 20 ustodial parent(s), even /ho is included in the ho INCLUDE YOURSELI INCLUDE your child DO NOT include fos DO NOT include your	ther legal dependents 22 through June 30, 2 if they are not claimed busehold: F AND YOUR SPOUSE. Iren if they live at home an	d you provide more the or roommate(s).	le biological or	stepchildren if you a	de more than half of their nd/or your spouse are their applicable.
LIST THE NAME OF EACH Household Member (INC		ge Relationship	to Student		1E OF COLLEGE time between July 2022 -June 2023)
Trouserrola Wernber (me	resident res		elf	LSSU	
You must complete ALL		old member, includ	ding yourself.		
SECTION III— CERT By signing this form, I cen		ve information is co	omplete and co	rrect.	
Student	Dat	ie	Important Incomplete for WILL NOT BI ACCEPTED!	rms E	to: Lake Superior State University Financial Aid Office 650 W Easterday Ave Sault Ste Marie, MI 49783 Fax: 906-635-6669 finaid@lssu.edu