

Student

## 2023-2024 Household Dependent Confirmation

SIAII	CUNIVER	. 911	1		Depende	<i>,</i> ,,,,	Oommination	
SECTION I – STUD	ENT IDENTIFIC	CATION	V					
Please complete fori	m in blue or blac	ck ink. Iı	_ ncomplete		•		ed.	
,	,		,	, ,		,		
Student Last Name	ame First Name		M.I.	A_	udent ID #	lent ID #		
Permanent Address (include Apt. No.)					Date of Birth			
				(	)		( )	
City	State		Zip Code	— ( Ho	Home Phone Number Cell P		Cell Phone Number	
SECTION II – FAM	II V INIEODNAA'	TION						
Include in the house		<u>HON</u>						
		مرما ماميد				l I:		
List yourself, your paren								
household, for whom you June 30, 2024. Also list				•		July 1	i, 2023 through	
	<b>F</b> AND YOUR PARENT(S		_	•	son will attenu.			
	odial parent's other chi				provide more tha	n half o	of their support.	
DO NOT include for			,	, , , , ,	•			
	ur siblings over the age	of 24 unle	ss your parent	ts can demonstrate	that they provide	more t	han 50% of their support.	
Parent(s):								
	arents live together, ev							
	divorced or separated,				ived with more du	ring th	e past 12 months.	
	rent is remarried, you				tion should have h	oon ro	ported on the FAFSA, please	
	al Aid Office for clarific		you are uncer	tani wiiose iiioiiiiai	tion should have b	cente	ported on the FAI 3A, piease	
List the name, age, rela	tionship and name of	college ea	ich listed pers	on will attend, if ap	oplicable.			
LIST THE NAME OF EACH					NAME OF COLLEGE			
Household Member (IN	NCLUDING YOURSELF)	Age	Relationsl	nip to Student	dent (if enrolled at least ½ time between July 2023 -June 2024		time between July 2023 -June 2024	
				Self		LSSU		
				Parent				
			Paren	t/Stepparent				
You must complete ALL	boxes for each hou	usehold n	nember, inc	luding yourself.				
SECTION III- CERT	<u> IFICATION</u>							
By signing this form, I ce	_	above inf	ormation is	complete and co	orrect. Retur	n to: L	ake Superior State University	
				<u>Important</u>			inancial Aid Office	
Parent	Data		Ir	ncomplete forms			50 W Easterday Ave	
Parent	'	Date		WILL NOT BE			ault Ste Marie, MI 49783	
			1		1 1	F:	ax: 906-635-6669	

ACCEPTED!

Date

finaid@lssu.edu