LAKE SUPERIOR STATE UNIVERSITY

2026-2027 Household Dependent Confirmation

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**_____

Student Last Name First Name M.I. Student ID #

_____ _____

Permanent Address (include Apt. No.) Date of Birth

_____ (____)_____ (_____)_____

City State Zip Code Home Phone Number Cell Phone Number

SECTION II – FAMILY INFORMATION

Include in the household:

List yourself, your parent(s), and any other legal dependents, including other children/stepchildren living in your parent's household, for whom your parent(s) will provide more than half of the dependent's support from July 1, 2026 through June 30, 2027. Also list the age, relationship and name of college each listed person will attend.

- **INCLUDE YOURSELF** AND YOUR PARENT(S) even if you don't live at home.
- INCLUDE your custodial parent's other children if they live at home and your parent(s) provide more than half of their support.
- DO NOT include foster children.
- DO NOT include your siblings over the age of 24 unless your parents can demonstrate that they provide more than 50% of their support.

Parent(s):

- If your biological parents live together, even if they were never married, you must include information about both parents.
- If you parents are divorced or separated, your custodial parent is the parent that you lived with more during the past 12 months.
- If your custodial parent is remarried, you must include your stepparent's information.
  If your parent's situation is not described above and you are uncertain whose information should have been reported on the FAFSA, please contact the Financial Aid Office for clarification.

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	NAME OF COLLEGE (if enrolled at least ½ time between July 2025-June 2026
		Self	**LSSU**
		Parent	
		Parent/Stepparent	

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.

_____

Parent **Date**

_____

Student **Date**

Important
Incomplete forms WILL NOT BE ACCEPTED!

Return to: Lake Superior State University
Financial Aid Office
650 W Easterday Ave
Sault Ste Marie, MI 49783
Fax: 906-635-6669
finaid@lssu.edu