LAKE SUPERIOR STATE UNIVERSITY

2026-2027 Household Independent 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

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, 2026 through June 30, 2027. 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	NAME OF COLLEGE (if enrolled at least ½ time between July 2024 -June 2025)
		Self	**LSSU**

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.

_____

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