Franklin College, Office of Financial Aid

101 Branigin Blvd. Franklin, IN 46131 Office: 317.738.8075 | Fax: 317.738.8072 Email: finaid@franklincollege.edu

2023-2024 HOUSEHOLD VERIFICATION

Student ID Number (or last 4 digits of SSN)

Date

First Name

STUDENT INFORMATION

Parent Signature (REQUIRED, if student is dependent)

Last Name

HOUSEHOLD INFORMATION If you are a dependent student, include:		If you are	e an independent student , include:	
 Yourself Your parent(s) (including step-parents) Other dependent children if a) your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, or b) the children would be required to provide parental information when applying for Federal Student Aid Other people only if they now live in your household and your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 			 Your spouse (if you are married) Your children if you will provide more than half of their support from July 1, 2023 through June 30, 2024 Other people only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2023 through June 30, 2024 	
member who will be attending <u>at least half</u> certificate program at a post-secondary edu	time from	July 1, 2023 through June stitution.	e in the name of the college for any household e 30, 2024 and who will be enrolled in a degree or	
Full Name	Age	Relationship	Name of College/Degree Program	
		SELF	FRANKLIN COLLEGE	
STUDENT CERTIFICATION By signing below, I am verifying all of t	he inform	ation contained on this	form is accurate.	
PARENT CERTIFICATION By signing below, I am verifying all of t	he informa	ation contained on this	Date form is accurate.	