

## 2020-2021 FAFSA Verification Means of Support – Independent Student

**Student Name:** \_\_\_\_\_ **Student SCC ID:** \_\_\_\_\_

We have received your 2020-2021 Verification documents; however, we are unable to process Verification due to the Student Household Size Verification Form requires further documentation regarding the level of financial support for the following individual(s) listed in the household.

Individual(s): \_\_\_\_\_  
\_\_\_\_\_

Individual(s) indicated above can be listed on the Household Size Form only if they meet one of the two following conditions:

1. Child of the student and **if** you will provide more than half of their financial support between July 1, 2020 and June 30, 2021. Check the appropriate box below.
  - Resides in your household
  - Does not reside in your household
2. Other person(s) who live in your household **and** will receive more than half of their support from you between July 1, 2020 and June 30, 2021

If the individual(s) listed above do not fit these criteria, provide an updated Student Household Size Form excluding their name(s).

If the individual(s) listed above do fit the criteria indicated, provide the following:

1. Copies of 2018 W-2(s), earning/income statement(s), and other statement(s) indicating any other sources of income received by the individual(s) listed above.
2. If any of the individual(s) listed above are attending college during the 2020-2021 academic year, provide a copy of their financial aid award.
3. Complete the following chart showing how you will provide more than 50% of the financial support from July 1, 2020 through June 30, 2021.
  - a) Examples of allowable financial support include rent/house payments, utility bills (gas, electric, water, garbage, phone), food clothes, transportation, medical/auto insurance, out-of-pocket medical expenses.
  - b) **DON'T** report expenses you would normally pay; examples being, your mortgage/rent payments, your utility bills. Don't report non-essential items such as cable/internet or entertainment/recreational expenses.

| Type of Expense<br>(Rent, Food, etc. only for individual(s) listed above) | Annual Dollar Amount of Expense<br>(Paid on the behalf of the individual(s) listed above) |
|---|---|
|   | \$  |
|   | \$  |
|   | \$  |
|   | \$  |
|   | \$  |

**By signing this form, I acknowledge the following:**

I certify all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

**Signature is required of the student whose household information has been reported on this form.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Due to data security guidelines, all forms must be submitted to our office using one of the following methods: in person, faxed, mailed through U.S. Postal Service, or electronically using our secure drop box at <https://uploads.southeast.edu/financialaid>.

**We cannot accept emailed forms.**