



## 2024-2025 HOUSEHOLD VERIFICATION

### CANDIDATE INFORMATION

\_\_\_\_\_  
Last Name First Name Candidate ID Number (or last 4 digits of SSN)

### HOUSEHOLD INFORMATION

As a **dependent candidate**, 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, 2024 through June 30, 2025, 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, 2024 through June 30, 2025

Write the names of **all household members** in the space(s) below. Also, write in the name of the college for any household member who will be attending at least half-time from July 1, 2024 through June 30, 2025 and who will be enrolled in a degree or certificate program at a post-secondary educational institution.

Full Name	Age	Relationship	Name of College/Degree Program
		<i>SELF</i>	<i>REACH UNIVERSITY</i>

### CANDIDATE CERTIFICATION

By signing below, I am verifying all of the information contained on this form is accurate.

\_\_\_\_\_  
Candidate Signature (REQUIRED)

\_\_\_\_\_  
Date

### PARENT CERTIFICATION

By signing below, I am verifying all of the information contained on this form is accurate.

\_\_\_\_\_  
Parent Signature (REQUIRED)

\_\_\_\_\_  
Date