



2024-2025 HOUSEHOLD VERIFICATION

CANDIDATE INFORMATION

Last Name

First Name

Candidate ID Number (or last 4 digits of SSN)

HOUSEHOLD INFORMATION

As an **Independent candidate**, include:

- Yourself
- Your spouse (if you are married)
- Your children if you will provide more than half of their support from July 1, 2024 through June 30, 2025
- 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, 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