

## OFFICE OF FINANCIAL AID

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## 2018-2019 Household Verification Form

Student Name: \_\_\_\_\_ Student ID:\_\_\_\_\_

You had indicated on and/or The Departme order for our office to must submit a fully co completed form to ou	nt of Ed comple mpleted	lucation has se te the verificati	elected your FAF on process and	SA for verification by provide you with a f	by the Office of inalized financi	Financial Aid. In al aid award, you
Below, please list you other people who live 50% of their support. support, do not list	with yo	u between July	/ 1, 2018 and Ju	ne 30 2019 <i>if your  </i>	oarents provide	greater than
Household member name	Age	Relation to student	Name of college attending in 18-19	Numbers of credits enrolled per term in 18-19	Level in college in 18-19 (grad or undergrad)	Amount of financial aid expected to receive in 18-
Please be as accurat Aid immediately. Inac will require you to cor reserves the right to o	curate infirm this confirm s	nformation ma s information a sibling enrollme	y result in chang gain at the end o ent directly with t	es to the student's of the Summer. The che sibling's school.	financial aid aw e Office of Fina urposely give fa	rard. Note: We ncial Aid
information reported on i that I must notify the Offi above information. The st	ce of Fina	ncial Aid of any c	hanges to the	misleading informa may be fined, be se		
Student's Signature				Date		
Custodial Parent's Signature				Date		