Household Verification Form

Website: financialaid.highline.edu

Email: financialaid@highline.edu

Where to submit this form: You can submit this form using our Document Upload Form

How to check your status online: Go to your Financial Aid Portal

HC **Financial Aid**
HIGHLINE COLLEGE

Student Information

| Last Name | First Name | Date of Birth (mm/dd/yyyy) | ctcLink ID Number |

Household Information

Use this form to confirm your household size as requested by the Financial Aid Office. The Financial Aid Office will compare what you reported on your FAFSA to the information provided on this worksheet. If there are differences between your application information and your financial documents, corrections to your FAFSA will be required.

Dependent Student Information

1. **Yourself (student)**
2. **Parent(s)** Not sure which parent to list? See below for more information**.**
   a. **If your parents are married to each other OR living together, but not married**: list both parents
   b. **If the parent you are living with is remarried:** list parent and step-parent
   c. **If your parents were never married OR are divorced/separated**: list the parent you lived with most of the time over the last 12 months or in the last year you received support
   d. **If you did not live with either parent**: list the parent who provided you more financial support over the past 12 months or in the last year you received support
3. Your parents' dependent children (under age 24) if they will provide more than half of their support from July 1, 2023 through June 30, 2024 (including children who do not live with your parents)
4. Other people who live with your parents *only if* your parents will provide more than half of their support from July 1, 2023 through June 30, 2024

Independent Student Information

If you were not required to provide parent information on the FAFSA or WASFA, list the following people:

1. Yourself (student)
2. Your spouse
3. Your dependent children (under age 24) if you will provide more than half of their support from July 1, 2023 through June 30, 2024 (including children who do not live with your parents)
4. Other people who live with you *only if* you will provide more than half of their support from July 1, 2023 through June 30, 2024

Full Name	Age	Relationship	College Name (if attending college between at least half-time 07/1/2023 – 06/30/2024)
1.		Self	Highline College
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

☐ Check here if attaching a page with additional members in your household.

✱ **Note:** Do not list the college name for any parent attending college or individuals doing Running Start.

Student and Parent (if student is dependent) Signature

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____