



STUDENT FINANCIAL SERVICES
2026-2027 Clarification of PARENT Household Information

Students Name: _____ **Student ID#** _____

List the people in your household, including:

1. Yourself and your spouse (if married and not separated)
2. Your dependent children if you will provide *more than half* of their support from July 1, 2026 through June 30, 2027
3. Other people if they now live with you, and you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2026 through June 30, 2027

Write the names of all household members in the space(s) below. (continue on back if more space is needed):

Name	Age	Relationship to Student	College *(see below)
1.		SELF	
2.			
3.			
4.			
5.			
6.			
7.			

***Write the full name of the college** for any household member that will be attending college at least half time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree, diploma or certificate program.

I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student Signature _____

Date _____