

Sandburg Financial Aid
 2400 Tom L. Wilson Blvd
 Galesburg, IL 61401
 Phone: 309.341.5283
 Fax: 309.344.2529



**CARL
 SANDBURG
 COLLEGE™**
 www.sandburg.edu

2016-2017 Independent Household Size Confirmation

Student's Name _____

Student ID# _____ Last 4 SSN# xxx-xx _____

1. **Household Information:** List the people that you (and your spouse if you are married) will support between July 1, 2016 and June 30, 2017. Include:

(A). Yourself and, if married, your spouse. (Do not include spouse if you are divorced, separated, or widowed).

Name	Age	Relationship to Student	Will Attend College in 2016-17?		Name of College
			Yes	No	
		Self	Yes	No	
			Yes	No	

(B). Your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017. **If more space is needed, attach a separate page.**

Name	Age	Relationship to Student	Will Attend College in 2016-17?		Name of College
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

(C). Other people only if they now live with you and get more than half of their support from you, **AND** will continue to get this support from July 1, 2016 through June 30, 2017. **If more space is needed, attach a separate page.**

Name	Age	Relationship to Student	Will Attend College in 2016-17?		Name of College
			Yes	No	
			Yes	No	
			Yes	No	

I certify the information provided above is true and complete.

Student Signature _____ Date _____

Office use only: Corrections sent _____ date and _____ reason Verification Complete _____ date
