



MADISON COLLEGE FINANCIAL AID

Dependent Household Verification Form

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. For additional information regarding verification, visit madisoncollege.edu/financial-aid-verification. Please be aware that you will not receive financial aid until all documentation is received and reviewed. Therefore, failure to submit this form and any necessary documentation in a timely manner and/or provide accurate information may significantly delay the processing, awarding and potential disbursement of financial aid funds.

INSTRUCTIONS - In order to determine your financial aid eligibility, you must complete and submit the following information. Indicate below what your household situation is. If any additional room is needed, please use the back of this form and include your name, ID, and signature.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

FAMILY INFORMATION

List all of the people in your **parent's household** including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parent(s).
Please note: If your parents are not married and do not live together, please provide information for the parent who **last** provided more than half of your support.
- Anyone that your parents will provide **more** than half of the support for between July 1, 2019 through June 30, 2020 including:
 - Children, **even if they do not live with your parents**
 - Any other people if they **now live with your parents**. You must also state relationship and additional documentation may be required.
- Any of your parent's children that would be required to provide parental information when applying for Federal Student Aid.

You must also indicate the name of the college for any household member (not including your parents) who will be attending college at least half time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program.

Full Name of ALL Household Members	Age	Relationship to Student	College Enrolled at Least Half-time
		Self	Madison College

SIGNATURE

By signing, I certify that the information provided above is true and that I understand that my financial aid eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

Parent Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus