



Office of Financial Aid

Student ID _____ Name _____

As part of the Quality Assurance Verification process, please complete and submit this form regarding the members of your household:

List the family members in your household. Include:

- Yourself and your spouse if you are married now, you live together **and were married when you completed the 2008-09 FAFSA.**
- Your **dependent children/stepchildren** if you will provide more than half of their support from 7/1/08 – 6/30/09.
- Other people if they now live with you, you (and/or your spouse) provide more than half of their support, and you (and/or your spouse) will continue to provide more than half of their support from 7/1/08 – 6/30/09.
- Attach a separate page if you need more space.

FULL NAME	AGE	RELATIONSHIP TO YOU	NAME OF COLLEGE*
1. Your name:		Self	Eastern Michigan University
2.			
3.			
4.			
5.			
6.			

*Provide the name of the college if the person listed will attend, **at least half time** (6 credit hours or more) between 7/1/08 and 6/30/09, a program that leads to a college degree or certificate.

Student Signature

Date