



Student ID \_\_\_\_\_ Name \_\_\_\_\_

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

List the family members in your parent(s) household. Include:

- Yourself and the parent(s), even if you don't live with your parents. Include your **stepparent** if your parent has remarried **and was married when you completed your FAFSA**.
- Your parent(s) **dependent children** if your parents will provide more than half of their support from 7/1/09 – 6/30/10.
- Other people only if they live with your parent(s) and receive more than half of their support from your parents.
- 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 7/1/09 and 6/30/10, a program that leads to a college degree or certificate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date