# 2024-2025 VERIFICATION
# HOUSEHOLD SIZE INFORMATION

**Please Print and Use Ink – DO NOT LEAVE ANY LINE ON THIS FORM BLANK**

## STUDENT INFORMATION

Student Name: _____ SSN/Banner I.D. # (Last Four Digits Only): _____

Your application was selected for review in a process called "Verification." In this process, MSU Northern will be comparing information from your application with your financial documents and verification forms. The law says we have the right to ask you for this information before offering Federal Student Aid. Complete this verification form and submit it to the MSU Northern Financial Aid Office as soon as possible, so your financial aid package won't be delayed.

## FAMILY INFORMATION

List the people that you (or your parents) will support between July 1, 2024 and June 30, 2025. Include:

- Yourself and your spouse, if married
- Your dependent children
  - A. If you provide more than half their support **-OR-**
  - B. If child can answer 'No' to all the dependency questions on the FAFSA (Questions 5 & 6)
- Your parents, if you are dependent
- Your parent's dependent children

Include other people as part of your family only if:

- They lived with you (or your parents) and received more than half their support from you (or your parents) at the time you completed your student aid application AND they will continue to get more than half their support from you (or your parents) from July 1, 2024 through June 30, 2025.

Write the names of **all** family members **including yourself.** Also write in the name of the college for any family member who will be attending college at least half-time between July 1, 2024 and June 30, 2025, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

| FULL NAME | AGE | RELATIONSHIP | COLLEGE |
|---|---|---|---|
| **Example: Janet Jones** | **25** | **Self** | **MSU Northern** |
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## AUTHORIZATION

By signing this worksheet, we certify that all the information reported to qualify for Federal student aid is complete and correct.
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

_____
Student's Signature Date

_____ _____
Parent's Signature Date Spouse's Signature Date

**MSU Northern Financial Aid Office**
PO Box 7751 ~ Havre, MT 59501
Tel: (406) 265-3787 Fax: 406-265-3519
Email: finaid@msun.edu

*MSU Northern does not discriminate on the basis of race, color, national origin, sex, or disability.*