



# 2024-2025 Household Member Form

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

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

To complete the Verification of your financial aid application, we need some additional information regarding a household member. Federal regulations state that a person may be included as part of your household only if he or she lives with you (if you are an independent student) or live with your parents (if you are a dependent student), and you/your parents will provide more than half of the person’s support through June 2025.

The verification process may take SEVERAL WEEKS and your federal financial aid will not be determined until the process is complete. Therefore, we suggest that you submit all information to the address on the bottom of this form WITHIN 30 DAYS. ***If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid.*** Thank you for your cooperation and prompt response.

Name of household member	Relationship to student	Age

1. Does the household member above currently reside with (circle one):       you    your parent(s)    neither  
➤ Will he or she continue to do so through June 2025?       Yes    No  
***Please provide us with documentation to show proof of residence.***

2. Does the household member above receive any funds from social security, TANF, disability, etc.?       Yes    No  
➤ If yes, list the program name(s) \_\_\_\_\_  
➤ How much is/was received per month in 2024?    \$ \_\_\_\_\_ for how many months? \_\_\_\_\_  
➤ How much will be received per month in 2025?    \$ \_\_\_\_\_ for how many months? \_\_\_\_\_

3. Are you or your parent(s) currently providing more than half of this person’s support?       Yes    No  
*(Support includes housing, food, money, car, clothing, medical, dental, etc.)*  
➤ Please provide us with examples of how you or your parent(s) are providing more than 50% of their support.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will you or your parent(s) continue to provide more than half of this person’s support through June 2025?       Yes    No  
*(Support includes housing, food, money, car, clothing, medical, dental, etc.)*  
➤ Please provide us with an explanation as to why you or your parent(s) will continue providing support:  
\_\_\_\_\_  
\_\_\_\_\_

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

➤ If household member is not a sibling, please explain why their support is not being provided by a parent:

\_\_\_\_\_  
\_\_\_\_\_

5. Do you or your parent(s) receive any funds from this person (for rent, food, etc.)?  Yes  No

6. Are you or your parent(s) **paid** anything on this person's behalf?  Yes  No  
(i.e.: cash, social security, state funds for foster care, etc.)

➤ If yes, list the program name(s) \_\_\_\_\_

➤ How much is received per month in 2024? \$ \_\_\_\_\_ for how many months? \_\_\_\_\_

➤ How much will be received per month in 2025? \$ \_\_\_\_\_ for how many months? \_\_\_\_\_

7. Is this person (please check all that apply):

younger than age 18  attending college  disabled  employed  not employed

➤ Please provide the household member's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Would this person be required to provide parental information on their FAFSA?  Yes  No

➤ If attending college, please list the name of the college they are attending: \_\_\_\_\_

**Signatures-** Manually sign with a pen. Unsigned forms or those with digital/electronic/typed signatures will be returned.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, imprisonment, or both. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Form can be submitted ONE of the following ways:**

Mail to: Mayville State University ▪ Financial Aid Office ▪ 330 Third Street NE ▪ Mayville, ND 58257  
Drop off at: Financial Aid Office, Old Main 106  
Secure Email Link: <https://sendfiles.ndus.edu/>  
Contact Us 701.788.4314

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