WORCESTER STATE UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

_____

ID#: _____

FAC22SMH

2022/2023
VERIFICATION OF SUPPORT OF MEMBERS IN THE HOUSEHOLD

When you completed the Verification Worksheet, you indicated that you or your parents support other(s) in the household. We must verify that the other(s) in the household receive(s) at least 50% of their support from you or your parents. For example if this person will earn/receive $10,000, you or your parents **must document** that they will spend more than $10,000 to support this person. Please complete the following and return to the Financial Aid Office.

1) Does _____ live in your family home? ☐ YES ☐ NO

2) Will you or your parents provide at least 50% of the above-named person's support from July 1, 2022 to June 30, 2023? ☐ YES ☐ NO

3) **If you answered yes to 2**, please explain how you or your parents will provide at least 50% support during this period. Example, food, shelter, clothing, tuition etc.

4) **If you answered yes to 2,** how much will the person listed in #1 above earn/receive between July 1, 2022 and June 30, 2023? $_____

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE (student)_____DATE:_____

SIGNATURE (parent)_____DATE:_____