



STUDENT HOUSEHOLD VERIFICATION FORM 2009-10

Student Name		Macomb ID#	
Address		Date of Birth	
City	State	Zip	
Home Phone #	Cell Phone #	Work Phone #	

FAMILY MEMBERS

List all people who meet the criteria in each section.

SECTION #1 SPOUSE INFORMATION, IF MARRIED. IF NOT, GO TO SECTION #2.

Spouse Name	Name of college he/she will attend in 2009-10	Will he/she attend at least half-time and be enrolled in a degree or certificate program?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION #2 CHILDREN IN HOUSEHOLD

Write the names of the children who will receive more than half of their support from you from July 1, 2009 through June 30, 2010. Also, write the name of the college for any children if he/she will be attending at least half-time between July 1, 2009 through June 30, 2010 and will be enrolled in a degree or certificate program. If not, leave blank.

Name	Age	Relationship	Will live with you?	Will receive more than half of his/her support from you?	Name of college attending in 2009-10	Enrolled at least half-time?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

If necessary, attach a separate sheet to list additional children.

SECTION #3 OTHER HOUSEHOLD MEMBERS

Write the names of other people in your household who will receive more than half of their support from you from July 1, 2009 through June 30, 2010. Also, write the name of the college for other household members if they will be attending at least half-time between July 1, 2009 through June 30, 2010 and will be enrolled in a degree or certificate program. If not, leave blank.

Name	Age	Relationship	Will live with you?	Will receive more than half of his/her support from you?	Name of college attending in 2009-10	Enrolled at least half-time?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the above information is true and correct.

STUDENT SIGNATURE	DATE
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