

**2023-2024  
OTHER MEMBER OF HOUSEHOLD  
VERIFICATION FORM**

Questions about how to complete this form?  
Call 217-786-2237 or 800-727-4161.  
Text 217-920-1096.  
[www.llcc.edu/financial-aid](http://www.llcc.edu/financial-aid)

Return completed form to:  
LLCC Financial Aid  
5250 Shepherd Road  
Springfield, IL 62794-9256  
[financial.aid@llcc.edu](mailto:financial.aid@llcc.edu)  
*Electronic forms only accepted from LLCC email addresses.*  
217-786-2229 fax

**Student Information**

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)	SSN OR STUDENT ID	DATE OF BIRTH
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**Verification Process**

You have listed someone as a member of your/your parent's household who may not meet the federal criteria to be included in the household size. If you are unsure who this may be, please contact our office.

Other people may be included in the household size if they now live with you and/or your parents, you or your parents provide more than half of their support, and you or your parents will continue to provide more than half of their support between July 1, 2023, and June 30, 2024.

**Other Member of Household Information**

NAME OF OTHER PERSON	RELATIONSHIP TO STUDENT
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- On the date you applied for financial aid, did this person physically reside in:  
 your household      your parent's household      elsewhere to attend college      other: \_\_\_\_\_
- Who provided more than half of this person's support at the time your FAFSA was filed?  
 you                      your parents                      neither
- Who claimed this person on their 2021 Federal Income Tax Return?  
 you                      your parents                      neither
- List this person's source(s) of income and the total amount expected from July 1, 2023, until June 30, 2024. (Examples include, but are not limited to, Social Security, disability, retirement, employment, etc.)  
 \_\_\_\_\_
- Who will provide more than half of this person's support now and through June 30, 2024?  
 you                      your parents                      neither
- Who claimed this person on their 2022 Federal Income Tax Return?  
 you                      your parents                      neither
- If this person will be attending college at least half time for the 2023-2024 academic year, list the name of the college.  
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**Please delete this person from my/my parent's household size; I do not believe this person meets the criteria to be included in the household size.**

**Certification and Signature**

By signing this form, I (we) certify that all the information reported on this form is complete and correct.

**WARNING: If you purposely give false or misleading information on this form, you may be fined and/or sentenced to jail.**

STUDENT SIGNATURE (REQUIRED – Sign printed form.)	DATE
PARENT SIGNATURE (IF DEPENDENT STUDENT – Sign printed form.)	DATE