



2023-2024 PARENT HOUSEHOLD SIZE 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

Return completed form to:

LLCC Financial Aid
5250 Shepherd Road
Springfield, IL 62794-9256

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

Instructions for Dependent Students

We are conducting a verification of the number of people you reported in your or your parent(s) household. Federal law states that we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and this document, our office may need to make corrections to your FAFSA.

In order to avoid delaying your financial aid determination, this completed verification form should be submitted as soon as possible.

List the people in your parent's household. Include:

- Yourself, even if you do not live with your parent(s)/stepparent.
- Your parent(s)/stepparent.
- Your parent(s)/stepparent's other children, if they will receive more than half of their support from your parent(s)/stepparent from July 1, 2023, through June 30, 2024.
- Other people if they now live with your parent(s)/stepparent and they receive more than half of their support from your parent(s)/stepparent and will continue to do so from July 1, 2023, through June 30, 2024. (Please complete the Other Member of Household Verification Form for other people listed on this form.) You may be asked to provide additional documentation. The form can be found at www.llcc.edu/financial-aid-forms.

Also, write in the name of the college for any household member, excluding your parent(s)/stepparent, who will be attending college at least half-time between July 1, 2023, and June 30, 2024 and will be enrolled in a degree, diploma or certification program. **Do not abbreviate the college name. Do not report undecided for college attending. Parents attending college will be excluded from the total number in college.**

Household Information

NAME	AGE	RELATIONSHIP	COLLEGE (do not include parent(s)/Stepparent's college)	
		SELF	LLCC	
			ATTENDING COLLEGE BETWEEN 7/1/23 AND 6/30/2024? Yes No	IF YES, WHERE?
			ATTENDING COLLEGE BETWEEN 7/1/23 AND 6/30/2024? Yes No	IF YES, WHERE?
			ATTENDING COLLEGE BETWEEN 7/1/23 AND 6/30/2024? Yes No	IF YES, WHERE?
			ATTENDING COLLEGE BETWEEN 7/1/23 AND 6/30/2024? Yes No	IF YES, WHERE?
			ATTENDING COLLEGE BETWEEN 7/1/23 AND 6/30/2024? Yes No	IF YES, WHERE?

Certification and Signatures

By signing this form, I 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