DUQUESNE UNIVERSITY

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FEDERAL VERIFICATION HOUSEHOLD INFORMATION FORM

Academic Year 2023-2024

Student Name: _____ **Student ID:** _____

Permanent Address: _____ **Phone number:** _____

Please include: Street, City, State, and Zip Code

HOUSEHOLD INFORMATION INSTRUCTIONS: List all household members as defined below.

Dependent Students: Please complete the household grid below including all members living in your parent's household between July 1, 2023 and June 30, 2024. Include yourself, your parents (including a stepparent) even if the student doesn't live with the parents. Include the parent's other children if the parents will provide more than half of the children's support, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if a child does not live with the parents. Include other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024.

Independent Students: Please complete the household grid below including yourself, your spouse (if married), and your children and others (if applicable) who will receive more than one half of their support from you between July 1, 2023 and June 30, 2024

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024. Include the name of the college. Parents who may be attending college should be listed in the household, but should not be counted as enrolled in college, per FAFSA instructions.

Full Name of Household Member	Age	Relationship to student	Enrolled at least half-time in 2023-2024? Do not include your parents.	If yes, list the name of college - cannot be "undecided"
EXAMPLE: Jennifer Miller	*48*	*Mother*	Yes ☐ No ☑	
1. You - the student		Self	Yes ☑ No ☐	Duquesne University
2.			Yes ☐ No ☐	
3.			Yes ☐ No ☐	
4.			Yes ☐ No ☐	
5.			Yes ☐ No ☐	
6.			Yes ☐ No ☐	
7.			Yes ☐ No ☐	

Certifications and Signatures: Each person signing below certifies that all of the information reported is complete and correct.
Dependent Students: The student and one parent whose information was reported on the FAFSA must sign and date.
Independent Students: The student must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____ _____
Student's Signature Date

_____ _____
Parent's Signature (dependent students only) Date

To submit: Please complete, print and sign.
Wet signature required. We cannot accept electronic signatures. Return to us by mail or fax. Scanned documents can be securely submitted at:
https://duq.edu/financial-aid/secure-upload