



PHZ21

2020-2021
Dependent Student Household Size and
Number in College

Please Use Black or Blue Ink

OSU Student ID
("A" plus 8 digits)
A [] [] [] [] [] [] [] []

Student Name:

Your application was selected for review, or "verification." We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. Please complete the entire form and sign on page 2. Incomplete forms will be returned to you. No determination of aid eligibility can be made until all requested documents are received and reviewed.

I. Parent(s):

- List your parent(s).
If your parents are divorced, list your parent and stepparent, if your parent is remarried.
List the parent you lived with the most during the past 12 months at the time you completed the FAFSA.
If you lived the same amount of time with each parent, list the parent (and that parent's spouse, if remarried) who provided more financial support during the past 12 months or during the most recent year you actually received support from a parent.

The following people are NOT considered your "parent(s)" unless they have legally adopted you: grandparents, foster parents, legal guardians, older brothers and sisters, and uncles or aunts.

Table with 3 columns: Parent(s) Full Name(s), Age, Relationship to Student

II. Parent(s)' Other Children:

List your parents' (as listed above) other children if your parents will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the other children would be required to provide your parents information if they were completing a FAFSA for 2020-2021. Include children who meet either of these criteria even if the children do not live with your parents.

Table with 4 columns: Full Name of Parent(s)' Other Children Who Meet the Definition Above, Age, Relationship to Student, If in college at least half-time during 2020-2021, MUST list full name of college attending. DO NOT include a school name for dual/concurrent enrollment for high school students.

If you need more space, attach a separate page.

Student Name _____

Student OSU Student ID _____

III. Other people that your parent(s) will support between July 1, 2020 and June 30, 2021:

List other people, not already listed, who live with your parent(s) reported in Section I if your parents provide more than half of the other person's support and plan to continue to do so from July 1, 2020 through June 30, 2021.

Note: Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

Full name of other people who meet the definition above and who will live with your parent(s).	Age	Relationship to Student	If in college <i>at least half-time</i> during 2020-2021, list name of college attending.

Certification/Signature:

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

Student's Signature *(electronic signature not acceptable)*

Date

Parent's Signature *(electronic signature not acceptable)*

Date

Printed Name of Parent Who Signed Above

Street Address

City

State

Zip

Return to:

Office of Scholarships and Financial Aid
119 Student Union, Stillwater, OK 74078-5061

Fax: (405) 744-6438 *(if you fax, please do not mail the form)*

Questions?

Email: finaid@okstate.edu

Phone: (405) 744-6604

Web: financialaid.okstate.edu