



2026-2027 Household Member Form

Student Name _____

Student ID _____

To complete the Verification of your financial aid application, we need some additional information regarding a household member. Federal regulations state that a person may be included as part of your household only if he or she lives with you (if you are an independent student) or live with your parents (if you are a dependent student), and you/your parents will provide more than half of the person’s support through June 2027.

The verification process may take SEVERAL WEEKS and your federal financial aid will not be determined until the process is complete. Therefore, we suggest that you submit all information to the address on the bottom of this form WITHIN 30 DAYS. ***If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned to the student for completion, thereby delaying the processing of your financial aid.*** Thank you for your cooperation and prompt response.

Name of household member	Relationship to student	Age

- Does the household member above currently reside with (circle one): you your parent(s) neither
 ➤ Will he or she continue to do so through June 2027? **Please** Yes No
provide us with documentation to show proof of residence.

- Does the household member above receive any funds from social security, TANF, disability, etc.? Yes No
 ➤ If yes, list the program name(s) _____
 ➤ How much is/was received per month in 2026? \$ _____ for how many months? _____
 ➤ How much will be received per month in 2027? \$ _____ for how many months? _____

- Are you or your parent(s) currently providing more than half of this person’s support? Yes No
(Support includes housing, food, money, car, clothing, medical, dental, etc.)
 ➤ Please provide us with examples of how you or your parent(s) are providing more than 50% of their support.

- Will you or your parent(s) continue to provide more than half of this person’s support through June 2027? Yes No
(Support includes housing, food, money, car, clothing, medical, dental, etc.)
 ➤ Please provide us with an explanation as to why you or your parent(s) will continue providing support:

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➤ If household member is not a sibling, please explain why their support is not being provided by a parent:

5. Do you or your parent(s) receive any funds from this person (for rent, food, etc.)? Yes No

6. Are you or your parent(s) **paid** anything on this person's behalf? Yes No
(i.e.: cash, social security, state funds for foster care, etc.)

➤ If yes, list the program name(s) _____

➤ How much is received per month in 2026? \$ _____ for how many months? _____

➤ How much will be received per month in 2027? \$ _____ for how many months? _____

7. Is this person (**please check all that apply**):

younger than age 18 attending college disabled employed not employed

➤ Please provide the household member's date of birth ____/____/____

8. Would this person be required to provide parental information on their FAFSA? Yes No

➤ If attending college, please list the name of the college they are attending: _____

Signatures- Manually sign with a pen. Unsigned forms or those with digital/electronic/typed signatures will be returned.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, imprisonment, or both. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student: _____ Date: _____

Parent: _____ Date: _____

Form can be submitted ONE of the following ways:

Mail to: Mayville State University ▪ Financial Aid Office ▪ 330 Third Street NE ▪ Mayville, ND 58257
Drop off at: Financial Aid Office, Lester Parish Room
Secure Email Link: <https://sendfiles.ndus.edu/>
Contact Us 701.788.4314