ARKANSAS NORTHEASTERN COLLEGE
2021-2022 Support of Household Members
(other than your children or spouse)

1. Student Name_____ **3. SS# or ANC Student ID** _____

2. Mailing Address _____
Address **City** **State** **ZIP**

Please complete the information below regarding the support of household member(s) other than your children or spouse between the dates of **July 1, 2021 through June 30, 2022**. Providing proper and thorough information will help us in verifying eligibility.

Make additional copies as needed

	Household Member #1 (other than your children or spouse)	**Household Member #2 (other than your children or spouse)**
Name of the person (other than your child or spouse) included on your FAFSA that you are providing more than 50% of their support:	_____ *Name*	_____ *Name*
Is this person currently living with you?	☐YES ☐ NO	☐YES ☐ NO
Relationship to you and age:	_____ *Relationship* _____ *Age*	_____ *Relationship* _____ *Age*
Length of time you expect to provide more than 50% of the support for this person between July 1, 2021 and June 30, 2022:	From: _____ / _____ / _____ *Mo Day Yr* To: _____ / _____ / _____ *Mo Day Yr*	From: _____ / _____ / _____ *Mo Day Yr* To: _____ / _____ / _____ *Mo Day Yr*
Person's source of income and amount:	Source: _____ Amount:_____	Source: _____ Amount:_____
Reason this person lives with you and/or the reason you support them (be specific, use additional paper if needed).		

Student Signature_____ Date _____

Parent Signature (if Dependent Student)_____ Date _____