

ARKANSAS NORTHEASTERN COLLEGE
2024-2025 Dependent Household Verification

Dependent
DVHH

1. Student Name:

Last

First

M.I.

3. SS# or
ANC Student ID:

4. Date of Birth:

2. Mailing Address:

Address

City

State

Zip

Incomplete or Inaccurate information will delay processing and could result in the loss of aid.

5 5.Family Size - Includes the following:

- The student.
 - The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household due to separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
 - The student's siblings if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student's parents; and
 - They will continue to receive more than half their support from the student's parents during the award year.
 - Other persons if the following are true:
 - They live with the student's parents;
 - They receive more than half of their support from the student's parents; and
 - They will continue to receive more than half their support from the student's parents during the award year.
- The student/parent should not include any unborn children in the family size.

Full Name (please print)	Age	Relationship to Student (note: do not include foster children)
1.		self
2.		
3.		
4.		
5.		
6.		
7.		

6. Signatures:

Your signature certifies that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sentenced to prison, or both.

Student Signature

Date

Parent (step) Signature

Date