

**ARKANSAS NORTHEASTERN COLLEGE**  
**2024-2025 Independent Household Verification**

Independent  
**IVHH**

**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. Family Size - Includes the following:**

- The student.
  - The student's spouse, if applicable.
  - The student's dependent children 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; and
    - They will continue to receive more than half their support from the student during the award year.
  - Other persons if the following are true:
    - They live with the student;
    - They receive more than half of their support from the student; and
    - They will continue to receive more than half their support from the student during the award year.
- The student 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.		
8.		
9.		

**6. Signature:**

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

**Submit to the ANC Financial Aid Office in Blytheville.**