

ARKANSAS NORTHEASTERN COLLEGE

2024-2025 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, 2024 through June 30, 2025**. 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:	<hr/> <i>Name</i>	<hr/> <i>Name</i>
Is this person currently living with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to you and age:	<hr/> <i>Relationship</i> <hr/> <i>Age</i>	<hr/> <i>Relationship</i> <hr/> <i>Age</i>
Length of time you expect to provide more than 50% of the support for this person between July 1, 2024 and June 30, 2025:	From: <hr/> <i>Mo</i> / <hr/> <i>Day</i> / <hr/> <i>Yr</i> To: <hr/> <i>Mo</i> / <hr/> <i>Day</i> / <hr/> <i>Yr</i>	From: <hr/> <i>Mo</i> / <hr/> <i>Day</i> / <hr/> <i>Yr</i> To: <hr/> <i>Mo</i> / <hr/> <i>Day</i> / <hr/> <i>Yr</i>
Person's source of income and amount:	Source: <hr/> Amount: <hr/>	Source: <hr/> Amount: <hr/>
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 _____