

Southwestern Illinois College
Office of Financial Aid and Student Employment
2500 Carlyle Avenue • Belleville, IL 62221-5899
866-942-SWIC (7942), ext. 5288 • 618-235-2700, ext. 5288 • Fax 618-235-3827

2023–2024 Household Size Verification Form--Dependent Student

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, SWIC is required to compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. **You must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office at SWIC.** If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

A. DEPENDENT STUDENT’S INFORMATION

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s SWIC ID Number
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B. REASON FOR COMPLETING THIS FORM

Ordinarily, parent household size/number in college information is verified using the Institutional Verification Form for dependent students (IVFD). The Household Size Verification Form (HHSD) is generally provided only when there has been an issue that must be addressed regarding that information. **Common reasons include:**

- errors made when completing the 2023-2024 FAFSA,
- errors made when completing the 2023-2024 IVFD, or
- incomplete information previously provided about a household member.

On the lines below, please provide a thorough explanation as to why you are providing information here that may not necessarily agree with parent household size/number in college that you previously reported on the 2023-2024 FAFSA and/or the 2023-2024 Institutional Verification Form (IVF). Give specific details about the differences in regard to the person(s) and the situation, plus applicable dates; simply stating that an error was made is not sufficient. Be aware that in some circumstances, further documentation may be required.

If you are filling out this form solely because there is insufficient space to list all members of your parent’s household on the IVF, simply state that. **Examples of acceptable responses for other situations:**

- **Example 1:** “When filling out the Institutional Verification Form, we did not think that Lauren Smith, my sister who is away at college, could be included in the household, but later realized that she does qualify to be listed.”
- **Example 2:** “When filling out the Institutional Verification Form, we reported my biological father, Terrance Jones, as being in the household. This was a mistake; he and my mother, Roberta Smith, have been divorced since May 2018, and they do not live together. Only my mother should have been listed, and she has not remarried.”

Proceed to page two, and list all of your parent’s qualifying household members and the additional requested data in Section C.

Student's Name: _____ SWIC ID Number: _____

C. HOUSEHOLD INFORMATION—For further guidance, see the 2023-2024 FAFSA instructions, or contact our office.

List yourself below.

Student's Full Name	Relationship to student	College Name	College State
	SELF	Southwestern Illinois College	IL

List your parent(s)/stepparent below even if you don't live with them. (**Don't include** a parent not living in the household due to separation/divorce.) **Please ask for assistance** if you are unsure of which parent(s) to report.

Parent's Full Name	Age	Relationship to student

***List siblings below IF** the parent(s) reported above will provide more than half of their support between July 1, 2023, and June 30, 2024.

***List other people below IF** living with the parent(s) reported above **AND** those parent(s) will provide more than half of their support between July 1, 2023, and June 30, 2024.

Full Names of <u>Other</u> * Household Members	Age	Relationship to student	College Name—only include college info if this person will be attending the college between 7-1-2023 and 6-30-2024	College State	Enrolled at least half-time? Yes/No

D. CERTIFICATION AND SIGNATURE

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Falsification of information is subject to prosecution. Original signatures required. No electronic signature of any form will be accepted. **The student AND one parent MUST sign and date below.**

Student's Signature (required)_____
Date_____
Parent's Signature (required)_____
Date