



Financial Aid Office

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2019-2020 Verification of Other Persons in Household

A: STUDENT INFORMATION

STUDENT NAME: _____ CHC ID #: _____

Instructions: The Verification of Other Persons in Household form is required when members in the household reported on the verification worksheet are outside of federal government’s definition of who may be included. Refer to the chart below to determine who in your family is characterized as an “other person.” According to Federal Regulations – other person can be claimed if a parent or independent student will provide more than half of their support between July 1 and June 30 of the award year covered by the FAFSA and they can answer “NO to all the dependency status questions on the FAFSA. Refer to chart here: <https://studentaid.ed.gov/sa/fafsa/filling-out/dependency#dependency-questions>

Student Type	Your verification worksheet included.....
Dependent Students	<ul style="list-style-type: none">• A sibling that is 24 years old or older; or• Someone other than a parent or sibling (e.g., grandmother, cousin, niece, etc)
Independent Students	<ul style="list-style-type: none">• Someone other than a child under the age of 24 or a spouse

B: Name of the Other Persons in Household

Name: _____ Age: _____ Relationship to Student: _____

C: Name of Person Providing the Support for the Above-Named Person

- For **dependent** students, you should list your parent(s)
- For **independent** students, you should list yourself

Name: _____

D: Please read and select only one (1) response: From July 1, 2019 through June 30, 2020, will you (individual in Part C) provide more than 50% of the support for the Other Person in the Household (Part B)?

_____ I **DO NOT/WILL NOT** provide more than 50% of support for the person listed in Part B.

_____ I **DO/WILL PROVIDE** more than 50% of support, for the person listed in Part B, which includes items such as shelter, food, clothing, transportation, personal hygiene, medical costs, educational costs, etc. and agree that I will/can provide proof of support if requested by the Financial Aid Office

Part E: Certification (Please read carefully)

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by Chestnut Hill College. If I have any questions or concerns, I will contact Chestnut Hill College (CHC) Financial Aid Office immediately. **Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.***

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____