



Dependent 2022 –2023
Household Verification Worksheet
Office of Financial Aid

Student's name _____ Valpo ID # _____

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|---|---|
| <p>Parent(s) Status (please choose only one status) (parents are the biological or adoptive parent you currently live with and their spouse)</p> <p><input type="checkbox"/> Never Married (Single)</p> <p><input type="checkbox"/> Parents are Married Date of Marriage: _____</p> <p><input type="checkbox"/> Parent is Remarried Date of Remarriage: _____</p> <p><input type="checkbox"/> Parents are legally Separated Date of Separation: _____</p> <p><input type="checkbox"/> Parents are Divorced Date of Divorce: _____</p> <p><input type="checkbox"/> Parents are not married, but live together</p> <p><input type="checkbox"/> Parent is Widowed and not Remarried Date became widowed: _____</p> | <div style="border: 1px solid black; padding: 5px;"> <p>Same-sex couples must report their marital status as married if they were legally married in a state or other jurisdiction that permits same-sex marriage, without regard to where the couple resides.</p> </div> |
|---|---|

- List everyone in your household who has resided there from July 1, 2022 to June 30, 2023 including your parents.
 - Include siblings who were/are away at college during this time.
 - List the name of the college any of these individuals will be attending in 2022-2023
 - If parent(s) are attending college **do not** include their college on the list
 - Include others who reside in the household for whom the parent(s) are providing more than 50 percent of their support from July 1, 2022 to June 30, 2023.
- (Do not include non-custodial parent nor children for whom a parent is paying child support.)**

| Full Name | Age | Relationship | Undergrad/ Graduate | Full-Time/ Half-Time | Expected Graduation Date | Name of College attending for 2022-2023 |
|-----------|-----|--------------|------------------------|-------------------------|--------------------------------|--|
| | | Self | Undergrad | Full-Time | | Valparaiso University |
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Certification and Signatures

I certify that all the information reported on this worksheet is complete and correct. The student and a student's parent must sign this worksheet. **Electronic signatures are not accepted.**

Student Signature _____ Date _____

Parent Signature _____ Date _____

Return completed forms to: Office of Financial Aid - Kretzmann Hall, Valparaiso University
 1700 Chapel Drive, Valparaiso IN 46383
 Fax: 219-464-5012 Phone: 219-464-5015 Email: finaid@valpo.edu