

You and your parent or spouse must complete and sign this worksheet, attach any required documents, and submit the entire packet to the Financial Aid Office at GPTC. Please compare the verification cover page and your Student Banner Account to determine what required documents are needed. If you have questions about verification, contact us as soon as possible so that your financial aid funds will not be delayed.

Your **household** is defined as the following:

**Dependent Student:**

1. Yourself
2. Your parents
3. Your parents' other children if:
  - a. Your parents provide more than 50% of their support and will continue to do so from July 1, 2019 through June 30, 2020 OR
  - b. The children would be required to provide parental information when applying for Federal Student Aid.
4. Your parents' other dependents if:
  - a. Your parents provide more than 50% of their support and will continue to do so from July 1, 2019 through June 30, 2020
  - b. They would be required to provide your parents' information when applying to Federal Student Aid

**Independent Student:**

1. Yourself
2. Your spouse (if applicable)
3. Your children if you (and/or your spouse) provide more than half of their support.
4. Include any dependents if they now live with you and you (and/or your spouse) provide more than 50% of their support and will continue to do so July 1, 2019 through June 30, 2020.
5. **DO NOT** include children/dependents if they would not be required to provide parental information on their FAFSA.

**Parents cannot be listed as attending college for this form.**

\*If more space is needed, attach a separate page with the student's name and Student ID Number at the top.

NAME (PLEASE PRINT)	AGE	RELATIONSHIP	Will be Enrolled at Least Half Time	COLLEGE
		Self	Yes	



**Household Member &  
Number in College**

**2019-2020**

Each person signing below certifies that all of the information reported is complete and correct.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date