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Student ID (E Number) Last Name First Name

2024-2025 HOUSEHOLD VERIFICATION FORM FOR INDEPENDENT STUDENT

List below the people you will support between July 1, 2024 and June 30, 2025. Include:

- Yourself,
- Your spouse (if married),
- Your children if you provide more than half of their support.
- Include other people only if they meet the following criteria: (1) they now live with you, AND (2) you provide more than half of their support and will continue to provide more than half their support from July 1, 2024 through June 30, 2025.

ALL FIELDS ARE REQUIRED

FULL NAME	AGE	RELATIONSHIP TO STUDENT
		SELF

TOTAL IN HOUSEHOLD: _____

STUDENT SIGNATURE _____ DATE _____

SPOUSE SIGNATURE (IF MARRIED) _____ DATE _____

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

EASTERN ILLINOIS UNIVERSITY

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE: **217-581-6405** FAX: **217-581-6422** EMAIL: **FINAIDVERIFICATION@EIU.EDU**