



Your application was selected for review in a process called verification. Please submit this form with all requested documentation to the Cincinnati College of Mortuary Science Financial Aid Office. The information will be compared to information on your 2019-2020 FAFSA. Discrepancies will be corrected by the Financial Aid Office based on the verification documentation.

Student's Last Name _____ First Name _____ M.I. _____ Last 4 digits of Soc Sec # _____

Date of Birth _____ Cell Phone # _____ E-mail Address _____

A. Family Information – check one

You are considered Dependent if you were required to provide parent information on your FAFSA.

<input type="checkbox"/> Dependent Students: List the people in your parents' household for which your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020. Also, please list the college name for any household member (excluding parents) <u>who will be attending at least half time</u> between July 1, 2019 to June 30, 2020. Include: <ul style="list-style-type: none"> • yourself (regardless of where you reside) • your parent(s) (include stepparent, if remarried) • your parents' other children if your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020 or if the child would be required to give parental information when completing the 2019-2020 FAFSA. • Include other people as part of your household only if: they now live with your parent(s) AND your parent(s) provide more than half of their support AND will continue to provide more than half of their support through June 30, 2020. 	<input type="checkbox"/> Independent Students: List the people in your household for which you or your spouse will provide more than half of their support from July 1, 2019 to June 30, 2020. Also, please list the college name for any household member <u>who will be attending at least half time</u> between July 1, 2019 to June 30, 2020. Include: <ul style="list-style-type: none"> • yourself • your spouse, if married • your children if you or your spouse will provide more than half of their support from July 1, 2019 to June 30, 2020 or if the child would be required to give parental information when completing the 2019-2020 FAFSA. • Include other people as part of your household only if: they now live with you or your spouse AND you or your spouse provide more than half of their support AND will continue to provide more than half of their support through June 30, 2020.
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Full Name	Age	Relationship	College Attending between July 1, 2019 – June 30, 2020
		<i>Self</i>	<i>Cincinnati College of Mortuary Science</i>

Please indicate YES or NO for each item below.

B. Did any person listed in **Section A** receive Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps) at any time during 2016 or 2017 calendar years? ____ Yes ____ No

