2016-2017 Academic Year

COKER COLLEGE

HOUSEHOLD VERIFICATION

Coker College Student Name _____ Student ID#_____

The Federal Department of Education received your student aid information and has requested that we verify your household information. Complete this form and return it to the Office of Student Financial Planning. Write full names, age, and relationship in the chart area below. Also list anyone attending college on at least a half-time basis and list the college name (exclude parents attending college from the list). List the people in your household, include:

- Yourself
- Your spouse or parents, whichever is applicable
- Your children if you provide half or more of their support from January 1 through December 31, 2016
- Other people if they live with you, and you or your parent(s) provide more than half of their support and will continue to provide more than half of their support from January 1 through December 31, 2016

FULL NAME	AGE	RELATIONSHIP	COLLEGE

Student Signature Date

Parent Signature (for a Dependent Student) Date

Coker College
Office of Student Financial Planning | 300 East College Avenue | Hartsville, SC 29550
843-383-8055 Phone | 843-383-8159 Fax | 800-950-1908 | financial_aid@coker.edu