

# Household Verification Form

Website: [financialaid.highline.edu](http://financialaid.highline.edu)



Where to submit this form: You can submit this form using our [Document Upload Form](#)

How to check your status online: Go to your [Financial Aid Portal](#)

## Student Information

Last Name                      First Name                      Date of Birth (mm/dd/yyyy)                      ctclink ID Number

## Household Information

Complete the appropriate section below to confirm your household size as requested by the Financial Aid Office. The Financial Aid Office will compare what you reported on your FAFSA to the information provided on this worksheet. If there are differences between your application information and your financial documents, corrections to your FAFSA will be required.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

### Dependent Student Information – Student who is under the age of 24 at the end of 2024

1. The student.
2. The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
3. The student's siblings if the following are true:
  - o They live with the student's parents (or live apart because of college enrollment),
  - o They receive more than half of their support from the student's parents, and
  - o They will continue to receive more than half their support from the student's parents during the award year.
4. Other persons if the following are true:
  - o They live with the student's parents,
  - o They receive more than half of their support from the student's parents, and
  - o They will continue to receive more than half their support from the student's parents during the award year.

Full Name	Age	Relationship	College Name (if attending college between at least half-time 07/1/2024 – 06/30/2025)
1.		Self	Highline College
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**Independent Student Information - Student who is over the age of 24 before the start of 2024**

1. List yourself
2. Your spouse (if married)
3. Your dependent children if the following are true:
  - o They live with the student (or live apart because of college enrollment);
  - o They receive more than half of their support from the student; **and**,
  - o They will continue to receive more than half their support from the student during the award year.
4. Other persons if the following are true:
  - o They live with the student;
  - o They receive more than half of their support from the student; **and**
  - o They will continue to receive more than half their support from the student during the award year.

Full Name	Age	Relationship	College Name (if attending college between at least half-time 07/1/2024 – 06/30/2025)
1.		Self	Highline College
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Check here if attaching a page with additional members in your household.

**\* Note:** Do not list the college name for any parent attending college or individuals doing Running Start.

**Student and Parent (if student is dependent) Signature**

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types). Students who need disability accommodations should contact Access Services in Building 25, 5th Floor, room 531, email: [access@highline.edu](mailto:access@highline.edu) phone: (206) 592- 3857 TTY (206) 592-4853, VP (253) 237-1106.

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