

**FORM 20 - IDAHO STATE UNIVERSITY
VERIFICATION OF PARENT HOUSEHOLD SIZE**

09-10

20-10

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form to:

**Office of Financial Aid, Idaho State University, Museum Building, Room 337
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755**

Student Name: _____
(Use blue or black ink) Last First M.I.

ISU ID (Bengal Card #): _____ Social Security #: _____

Telephone: _____ Email: _____

Tell Us About Your Parents' Family Size.

List the people in your parents' household. Include:

- yourself on line 1.
- your parent(s)/stepparent (whose information is on the FAFSA) even if you didn't live with them.
- your parents' other children if (a) your parents will provide more than half of their support from July 1, 2009 through June 30, 2010 or (b) your parents would be required to provide parental information when applying for federal student aid.

Include other people only if they:

- now live with AND get more than half of their support from your parents at the time of application AND
- will continue to get this support between July 1, 2009 and June 30, 2010.

Full Name	Age	Relationship	Name of College, if attending*
1. _____	XXX	son/daughter	Idaho State University
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

***Must be enrolled half-time or more between July 1, 2009 and June 30, 2010 in a program that leads to a college degree or certificate.**

CERTIFICATION: I certify that the information provided above is true and complete to the best of my knowledge.

(The parent of the dependent student is required to sign this certification. If parents are divorced or separated, the parent who originally provided information on the FAFSA is required to sign.)

Parent Signature: _____

(v. 12/23/2008)

Date: _____

(S:\10 Forms\form20.wpd)