



# Rhode Island School of Design

## 2020-2021 Dependent Household Verification Form

Student Financial Services  
 f: (401) 454-6412 e: sfs@risd.edu

Your 2020–2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law says that before awarding Federal Student Aid, we are required to ask you to confirm the information you reported on your FAFSA. To verify that you provided correct household information, we will compare your FAFSA with the information on this Household Verification Form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this Household Verification Form and submit the form and other required documents to us. If you have any questions contact Student Financial Services as soon as possible so that your financial aid will not be delayed.

### A. Dependent Student’s Information

Last Name	First Name	M.I.	RISD ID
Street Address (include apt. no.)			City, State, Zip

### B. Dependent Student’s Family Information

List below the people in the parents’ household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don’t live with your parents(s).
- The parents’ other children if the parents will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020–2021. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

For any household member, excluding the parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020 and June 30, 2021, include the name of the college. If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
Mary Jones (Sample)	18	Self	Central University	Yes

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

### C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent’s Signature

\_\_\_\_\_  
 Date