



2023–2024 Household Verification Worksheet

Student Information

Student Name _____

FU Student ID Number _____

Student's Street Address (include apt. no.) _____

Student's Home Phone Number _____

City _____

State _____

Zip Code _____

Student's Alternate/Cell Phone Number _____

Household Information

Provide information for all family members in the custodial household in the chart below. Include **yourself**, your **parents** (including step- parent), your parent(s) **other dependent children** if your parent(s) provides more than half of their support, and other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024.

Name	Age	Relationship	Name of College	Year in College	Graduate/ Undergraduate	Half-time/ Full-time
		Self	Fairfield University			

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

Certification and Authorization

I declare that the information on this form is true, correct and complete. Fairfield University has our permission to verify the information reported by obtaining documentation as needed (the student and at least one parent/guardian must sign).

Student's Signature

Date

Parent's Signature

Date

Please email completed form to: finaid@fairfield.edu

Or mail to: Office of Financial Aid 1073 North Benson Road Fairfield, CT 06824

Fax: 203-254-4008

OFFICE USE: HHLD24