

**ARKANSAS NORTHEASTERN COLLEGE
2023-2024 Dependent Household Verification**

Dependent
DVHH

1. Student Name: _____
Last
First
M.I.

**3. SS# or
ANC Student ID:** _____

4. Date of Birth: _____

2. Mailing Address: _____
Address
City
State
Zip

Incomplete or Inaccurate information will delay processing and could result in the loss of aid.

5. Family

Information: The parents' household includes:

- *Yourself (the student)
- *Your parents (including stepparent) even if you do not live with your parents
- *Your parents' other children, even if they don't live with your parent(s) **if your parents will provide more than half of their support from July 1, 2023 through June 30, 2024** or the children would be required to provide parental information when applying for Federal Student Aid
- *Other people living with your parents and **your parents will provide more than half of their support from July 1, 2023 through June 30, 2024**

Full Name (please print)	Age	Relationship to Student (note: do not include foster children)	College Attending (if they will attend an FSA eligible school at least half time between July 1, 2023 and June 30, 2024, a program that leads to a college degree or certificate- excluding parents)	Will be Enrolled at Least Half Time (Yes or No)
1.		self	Arkansas Northeastern College	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

6. Signatures:

Your signature certifies that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sentenced to prison, or both.

 Student Signature Date

 Parent (step) Signature Date