

**ARKANSAS NORTHEASTERN COLLEGE**  
**2023-2024 Support of Household Members**  
**(other than your children or spouse)**

1. Student Name \_\_\_\_\_ 3. SS# or ANC Student ID \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please complete the information below regarding the support of household member(s) other than your children or spouse between the dates of **July 1, 2023 through June 30, 2024**. Providing proper and thorough information will help us in verifying eligibility.

**Make additional copies as needed**

	Household Member #1 (other than your children or spouse)	Household Member #2 (other than your children or spouse)
<b>Name of the person (other than your child or spouse) included on your FAFSA that you are providing more than 50% of their support:</b>	_____ <i>Name</i>	_____ <i>Name</i>
<b>Is this person currently living with you?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Relationship to you and age:</b>	_____ <i>Relationship</i>  _____ <i>Age</i>	_____ <i>Relationship</i>  _____ <i>Age</i>
<b>Length of time you expect to provide more than 50% of the support for this person between July 1, 2023 and June 30, 2024:</b>	From: ____ / ____ / ____ <i>Mo Day Yr</i> To: ____ / ____ / ____ <i>Mo Day Yr</i>	From: ____ / ____ / ____ <i>Mo Day Yr</i> To: ____ / ____ / ____ <i>Mo Day Yr</i>
<b>Person's source of income and amount:</b>	Source: _____ Amount: _____	Source: _____ Amount: _____
<b>Reason this person lives with you and/or the reason you support them (be specific, use additional paper if needed).</b>		

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

Parent Signature (if Dependent Student) \_\_\_\_\_ Date \_\_\_\_\_