SUNY BROOME

Financial Aid Office
P.O. Box 1017 • Binghamton, New York 13902
Voice: (607) 778-5028 Fax: (607) 778-5451

2015-16 BCC Household Verification Worksheet – Parent

Student's Name:_____ Broome ID: B_____

Federal regulations require us to collect this form to verify the information you and your parent(s) reported on the Free Application for Federal Student Aid (FAFSA).

Instructions: List the people in your parent(s) household, including:

- yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program.

	Full Name	Age	Relationship	College	Enrolled at Least Half-Time
	Missy Jones (example)	14	Sibling	None	No
1			Self	BCC	
2					
3					
4					
5					
6					
7					
8					
9					
10					

If you need more space, please attach a separate page.

By signing this form, I certify that all the information provided is complete and accurate.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Mail or Fax completed form to:
SUNY Broome Community College, Financial Aid Office, PO Box 1017, Binghamton, NY 13902
FAX: 607-778-5451

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both