

## SECTION I – STUDENT IDENTIFICATION

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Please complete the verification requirements as soon as possible so your financial aid will not be delayed.

			<b>A</b> _____
Student Last Name	First Name	M.I.	Student ID #
Permanent Address (include Apt. No.)			Date of Birth
			( ) _____ ( ) _____
City	State	Zip Code	Home Phone Number      Cell Phone Number

## SECTION II – FAMILY INFORMATION

Include in the household:

List yourself, your parent(s), and any other legal dependents, including other children/stepchildren living in your parent’s household, for whom your parent(s) will provide more than half of the dependent’s support from July 1, 2025 through June 30, 2026. Also list the age, relationship and name of college each listed person will attend.

- **INCLUDE YOURSELF AND YOUR PARENT(S)** even if you don’t live at home.
- **INCLUDE** your custodial parent’s other children if they live at home and your parent(s) provide more than half of their support.
- **DO NOT** include foster children.
- **DO NOT** include your siblings over the age of 24 unless your parents can demonstrate that they provide more than 50% of their support.

**Parent(s):**

- If your biological parents live together, even if they were never married, you must include information about both parents.
  - If you parents are divorced or separated, your custodial parent is the parent that you lived with more during the past 12 months.
  - If your custodial parent is remarried, you must include your stepparent’s information.
- If your parent’s situation is not described above and you are uncertain whose information should have been reported on the FAFSA, please contact the Financial Aid Office for clarification.

List the name, age, relationship and name of college each listed person will attend, if applicable.

LIST THE NAME OF EACH Household Member (INCLUDING YOURSELF)	Age	Relationship to Student	NAME OF COLLEGE <small>(if enrolled at least ½ time between July 2025-June 2026)</small>
		<b>Self</b>	<b>LSSU</b>
		<b>Parent</b>	
		<b>Parent/Stepparent</b>	

**You must complete ALL boxes for each household member, including yourself.**

## SECTION III– CERTIFICATION

By signing this form, I certify that all of the above information is complete and correct.

Parent	Date
Student	Date

**Important**  
 Incomplete forms  
 WILL NOT BE  
 ACCEPTED!

Return to: Lake Superior State University  
 Financial Aid Office  
 650 W Easterday Ave  
 Sault Ste Marie, MI 49783  
 Fax: 906-635-6669  
 finaid@lssu.edu