

## 2016-17 BCC Household Verification Worksheet – Student

Student's Name: \_\_\_\_\_ Broome ID: B\_\_\_\_\_

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

**Instructions:** List the people in your household, including:

- yourself and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, even if they do not live with you, and;
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2016 and June 30, 2017, 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

**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.*