



Albion College

2025-2026 HOUSEHOLD VERIFICATION FORM – DEPENDENT STUDENT

Your Free Application for Federal Student Aid (FAFSA) was selected for verification. The Office of Financial Aid is required by federal regulation to collect documentation to verify the information you entered on the FAFSA.

Failure to complete verification will prevent processing of your financial aid or cause billing back of aid already received. Awarding of all financial aid is contingent upon availability of funds.

STEP 1 – STUDENT INFORMATION

Name: _____ Student ID Number: _____

STEP 2 – HOUSEHOLD INFORMATION

Use the chart below to list the people in the household of the parent(s) listed on the FAFSA. Include the first name, last name, age, and relationship to you for the following people:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will receive more than half their support from the parents from July 1, 2025 to June 30, 2026.
- Other persons if the following are true:
 - They live with the student's parents,
 - They receive more than half of their support from the student's parents, and
 - They will receive more than half their support from the parents from July 1, 2025 to June 30, 2026.

Include information about whether any of the household members will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution between July 1, 2025 and June 30, 2026.

Full Name	Age	Relationship to student	College Name	Enrolled at Least Half Time (Yes or No)	Under-graduate	Graduate
You (The Student)		Self	Albion College	Yes	X	

If more space is needed, provide a separate page with the student's name and ID number at the top.

STEP 3 – CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct. Signatures must be original and cannot be a typed font.

Student's Signature

Date

Parent's Signature

Date

Completed forms and documentation can be brought to the Office of Financial Aid, emailed to financialaid@albion.edu, faxed to 517/629-0581, or mailed to the address below. Social security numbers and bank account information should be redacted for security purposes.