You have been selected for a process called “Verification” in which we are required to verify information provided on your FAFSA. Please complete this worksheet to verify the number of people in your or your parents’ household, and indicate which members are/will be attending college during the 2021-22 school year. Please keep in mind that when reviewing the information submitted, the Office of Financial Aid may ask for additional information. We recommend that you monitor the “My Important Messages” tab in your myInfo login on a weekly basis to see if any additional documentation has been requested.

**Verification of Household Information (check one of the boxes below):**

- **Dependent Students** (you were required to provide parental information on your FAFSA for 2021–2022):
  - List the people in your parents’ household, including:
    - Yourself, even if you don’t live with your parents, and
    - Your parents, including stepparents, and
    - Your parents’ other children, even if they don’t live with your parents, if:
      - a) your parents will provide more than half of their support from 7/1/21 through 6/30/22, or
      - b) the child(ren) who would be required to provide parental information on their 2021-22 FAFSA(s)
    - Other people if they now live with your parents, your parents provide more than half of their financial support, and your parents will continue to provide more than half of their support through 6/30/2022.

  OR

- **Independent Students** (you weren’t required to provide parental information on your FAFSA for 2021–2022):
  - List the people in your household, including:
    - Yourself,
    - Your spouse (if married), and
    - Your children, if: you will provide more than half of their support from 7/1/21 through 6/30/22, and
    - Other people if they now live with you, you provide more than half of their financial support, and you will continue to provide more than half of their support through 6/30/2022.

By signing this form, you are certifying that the information reported is accurate.

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**FIRST AND LAST NAME OF FAMILY MEMBER** | **AGE** | **RELATIONSHIP TO YOU** | **WILL BE ENROLLED AT LEAST HALF TIME?** | **FULL NAME OF COLLEGE**
---|---|---|---|---
SELF | | Yes / No | MSU - Billings
| | Yes / No |
| | Yes / No |
| | Yes / No |
| | Yes / No |
| | Yes / No |

*For any household member, excluding parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institute any time between 7/1/21 and 6/30/22.

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**Student Signature**  **Date**  **Parent Signature (dependent students only)**  **Date**