2627	XHIO	27															
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Student ID (E Number)

Last Name

First Name

2026-2027 VERIFICATION OF DEPENDENTS OTHER THAN SPOUSE

You indicated on your FAFSA that you have dependents (other than your children or spouse) who live with you and who will receive more than half of their support from you. Verification is required. List below the people, **other than your spouse**, whom you will support between July 1, 2026 and June 30, 2027.

Include other dependents **only** if they meet the following criteria:

- 1. They now live with you, AND
- 2. You provide more than half of their support and will continue to provide more than half their support from July 1, 2026 through June 30, 2027. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.).

Please be prepared to provide proof of support. Please complete this form even if this status was selected in error on your FAFSA. Write "Error on FAFSA", sign the form and submit it to our office. We will correct your FAFSA for you.

NAME	AGE	RELATIONSHIP TO STUDENT	2024 INCOME (IF NONE, WRITE "NONE" AND EXPLAIN SITUATION)
			TOTAL IN HOUSEHOLD:
DIGITAL SIGNATURES NOT A	ACCEPTEI	D.	
STUDENT SIGNATURE			DATE
SPOUSE SIGNATURE (IF MARR	IED)		DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.

