



2023-2024 Independent HH Members Verification

Financial Aid Office
444 Western Blvd
Jacksonville, NC 28546-6816
Fax: 910-455-2767
Email: finaid@coastalcarolina.edu

A. Student Information

Last Name: _____ First Name: _____ MI: _____ CCCC ID: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone #: _____

B. Total Household Members

Student should include in the chart below:

- ☐ Yourself (list yourself first) and your spouse, if you are married
- ☐ The student's or spouse's children, if the student or spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
- ☐ Other people if they now live with the student and the student or spouse currently provide and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Will this individual be
attending college at
least 1/2 time in a
degree or certificate
program between
July 1, 2023 and
June 30, 2024

Full Name	Age	Relationship to Student	Will this individual be attending college at least 1/2 time in a degree or certificate program between July 1, 2023 and June 30, 2024	Name of College
		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total # of Household Members: _____

Total # of Household Members in College: _____

Was child support paid in 2021 by the student or spouse for any individual included in the household above? ☐Yes ☐No
If you answered yes, please complete the 2023-2024 child support worksheet.

Certification and Signatures

I/We certify that all of the information reported on this worksheet is complete and correct.

Student Signature _____

Date _____

Spouse Signature (optional) _____

Date _____

WARNING:
If you purposely give
false or misleading
information on this
worksheet, you may be
fined, be sentenced to
jail, or both.