

# 2026-2027 DEPENDENT HOUSEHOLD VERIFICATION WORKSHEET

Office of Scholarships & Financial Aid  
601 S. MLK Jr. Drive  
201 Thompson Center  
Winston Salem, NC 27110  
Phone: 336-750-3296  
financial.aid@wssu.edu  
Federal School Code: 002986



Student Name: \_\_\_\_\_  
Last First Middle

According to federal requirements, we must verify the number of people in your household.  
Please complete and return this form. Your Financial Aid will not be processed until the receipt of this form.

**Household Information Instructions:** List the people in your household below. If anyone in your household is attending college, please be sure to indicate the institution in the space provided below. Please attach a separate sheet for any family members beyond the space provided below. Dependent Students please include the following:

You and your parent (s) (including a stepparent) even if you don't live with your parent (s).

Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027 if the other children would be required to provide parental information if they were completing a FAFSA for 2026-2027. Include children who meet either of these standards, even if they do not live with your parent(s). Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

Full Name	Age	Relationship	College (see Below)
		Self	Winston Salem State University

By signing this statement, I certify under penalty of perjury that the information I have reported on this form is complete and accurate. I understand that purposely giving false or misleading information to qualify for federal student aid is a federal offense that can result in fines and/or incarceration.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*Sign in Ink

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's ID : \_\_\_\_\_