

2026-2027 HOUSEHOLD FORM

STEP 1: STUDENT INFORMATION

Student Name: _____ RWU ID#: _____
 Please Print Last First MI

Permanent Home Address: _____
 City _____ State _____ Zip Code _____

Date of Birth: _____ Email: _____ Telephone: _____

STEP 2: FAMILY INFORMATION

Dependent Students: In the box below, list the people in your parents' household, include:

- yourself and your parent(s) (stepparent if applicable) even if you don't live with your parents, and
- siblings if (a) if they live with the student's parents (or live apart because of college enrollment), and (b) receive more than half of their support from the student's parents; and will continue to receive more than half their support from the student from July 1, 2026 and June 30, 2027
- other people if (a) they live with the student's parents, (b) receive more than half of their support from the student's parents; and (c) will continue to receive more than half their support from the student from July 1, 2026 and June 30, 2027

Independent Students: In the box below, list the people in your household, include:

- yourself and your spouse if you have one; and
- your dependent children if (a) they live with you (or apart because of college enrollment), and (b) receive more than half of their support from the student; and will continue to receive more than half their support from the student from July 1, 2026 and June 30, 2027
- other people if (a) they live with you, (b) receive more than half of their support from the student; and (c) will continue to receive more than half their support from the student from July 1, 2026 and June 30, 2027

Note: The criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2026-2027 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship to Student
		Self

STEP 3: CERTIFICATION

By signing this form, I (we) certify that all information reported on it, is complete and accurate. At least one parent must sign if student is dependent.

Student Actual Signature (not digital)

Date

Spouse/Parent 1 Actual Signature (not digital)

Date

Parent 2 Actual Signature (not digital)

Date

Please submit this verification form and provide copies of all requested paperwork within **15 days** of receipt to the **Financial Aid Office**. Incomplete paperwork will be returned to you for completion, thereby delaying the processing of your financial aid award. **Failure to return the requested documentation to the Financial Aid Office before you end your term of enrollment will result in cancellation of your aid.**