**Office of Financial Aid**
One Winooski Park, Box 4
Colchester, VT 05439
Tel. 802-654-3243
Fax: 802-654-2591
E-mail: finaid@smcvt.edu

# 2026-2027 Independent Student Household Verification Worksheet

Student Name:_____ SMC ID#_____

**Household Information:**

Please list the name, age and relationship to the student of each member of your household. Enter the name of the college at which members of the household will be enrolled at least half-time in a degree or certificate program between July 1, 2026 and June 30, 2027. Always include yourself. Do not include household members who are in U.S. military service academies.

Include the following people in your household:

- Yourself;
- Your spouse;
- Your children if you will provide more than half of their support between July 1, 2026 and June 30, 2027;
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support between July 1, 2026 and June 30, 2027.

| Full Name | Age | Relationship |
|---|---|---|
| | | *Self* |
| | | |
| | | |
| | | |
| | | |
| | | |

_____ _____
Student Signature Date

_____ _____ _____
Spouse Signature Spouse Printed Name Date