



2017-2018 Verification of Family Members (Independent)

FAM-I

Please complete, sign and return to the Evergreen Financial Aid Office as soon as possible.

Name: _____ Evergreen ID A
Print: Last First MI

List below the people in your household. Include:

- Yourself **AND** your spouse if married.
- Your children, if any, if you will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the children would be required to provide your information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2018.

Yourself

Full Name	Date of Birth	College Attending in 2017-2018
		The Evergreen State College

Spouse

Full Name	College Attending in 2017-2018

Other family members in household (see details above) If more space is needed, attach a separate page.

Full Name	Date of Birth	Relationship	College Attending in 2017-2018

I certify that all of the information on this form is true and complete to the best of my knowledge.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____