Dependent Student 2024-2025 Household Verification Worksheet

Student Signature



or

Student Name:		ID#:	Email:	Zip:
Student Phone #:		Parent I	Phone #:	<u>-</u> .
Address:	C	ity:	State:	Zip:
other dependents	you support, are	not married, not o		do not have children on active duty, and do by the court.
compare the informa	ation from your FA	FSA with the inform		cess, we are required to his form and your tax Office.
		ntil the requested on the contract of the cont		eived and reviewed.
What we need	from vou:			
 OR a signed 2 OR successful If the student List below the pe The student. The parents (incomparents) oth June 30, 2025, comparents. 	2022 1040 and Sche all completion of the I and/or parent did no ople in the pare luding a stepparer er children that the or if the other children	edules 1, 2, and 3 for IRS Data Retrieval wont file taxes, please a ent's household. This is the stude ey provide more the ren would be required.	ent doesn't live with t an half of their suppo	student and parent(s) uctions below) ax filing form he parents. ort from July 1, 2024 to tal information when
Full Name	Age	Relationship to	College	Will be Enrolled at
		You Self	University of Providence	Least Half Time?
			Offiversity of Frovidence	
nclude additional family memb	ers on separate paper			
Signature:				
By signing this form, y	ou certify that the in	formation provided is	s true and complete.	

Please allow up to 10 business days for processing once all forms, including tax forms, have been submitted. Check your email for additional information.

Date

Parent Signature (if applicable)

Date