DAVENPORT UNIVERSITY

Institutional Verification Form

2021-2022

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Student Last Name Student First Name M.I. Date of Birth Student ID

Independent Students: List the people in your household, include: (a) yourself and your spouse if you have one; (b) your children, if you will provide more than half of their support from July 1, 2021 through June 30, 2022; (c) your *unborn* children if they will be born during the academic year AND if you will provide more than half of their support from July 1, 2021 through June 30, 2022; and (d) any other people if they now live with you, and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.

Dependent Students: List the people in your parents' household, include: (a) yourself and your parent(s) (including stepparent) **even if you don't live with your parent(s);** (b) your parents' other children, even if they don't live with your parent(s), if (1) your parent(s) provide more than half of their support from July 1, 2021 through June 30, 2022, or (2) the children would be required to provide parental information when applying for Federal student aid; and (c) 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 their support from July 1, 2021 through June 30, 2022.

In addition to the names of household members, write the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2021 and June 30, 2022, and will be enrolled in a degree, diploma, or certificate program. Do not include boy/girlfriends unless they are claimed on your/your parent(s) Federal 1040. If you need more space, attach a separate page.

Full Name of Household Members	Age	Last 4 of SSN	Relationship to Student	College: If not attending, indicate "NA" If attending, College Name **MUST** be provided
		xxx-xx-	SELF	Davenport University
		xxx-xx-		
		xxx-xx-		
		xxx-xx-		
		xxx-xx-		
		xxx-xx-		
		xxx-xx-		

By signing this statement, I certify that all the information reported on this document is complete and correct.
Warning: If you purposely give false or misleading information on this document, you may be fined, be sentenced to jail, or both.

_____ _____ _____

Student's Hand-Signature Date Phone Number

_____ _____ _____

Parent's Hand-Signature (Dependent Students Only) Date Phone Number

Submit forms and other financial aid paperwork via: davenport.edu/FADocUpload; or Fax to 616-732-1141;
or Mail to Davenport University, Attn: Financial Aid, 6191 Kraft Ave., Grand Rapids, MI 49512
Office Use Only—FA-IVF