



Office of Financial Aid  
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## 2023-2024 FAFSA Verification Parent of Dependent Student – Means of Support

**Student Name:** \_\_\_\_\_ **Student SCC ID:** \_\_\_\_\_

We have received your 2023-2024 Verification documents; however, we are unable to process Verification because the Parent of Dependent Student Household Size Verification Form requires further documentation regarding the level of financial support for the following individual(s) listed in the household.

Individual(s): \_\_\_\_\_

Individual(s) indicated above can be listed on the Household Size Form only if they meet one of the two following conditions:

1. Sibling of the student and **if** the student’s custodial parent(s) will provide more than half of their financial support between July 1, 2023 and June 30, 2024. Check the appropriate box below.
  - Resides in custodial parent(s) household
  - Does not reside in custodial parent(s) household
2. Other person(s) who live with **and** will receive more than half of their support from the student’s custodial parent(s) between July 1, 2023 and June 30, 2024.

If the individual(s) listed above do not fit these criteria, provide an updated Parent of Dependent Student Household Size Form excluding their name(s).

If the individual(s) listed above do fit the criteria indicated, provide the following:

1. Copies of 2021 W-2(s), earning/income statement(s), and other statement(s) indicating any other sources of income received by the individual(s) listed above.
2. If any of the individual(s) listed above are attending college during the 2023-2024 academic year, provide a copy of their financial aid award.
3. Complete the following chart showing how you will provide more than 50% of their financial support from July 1, 2023 through June 30, 2024.
  - a) Examples of allowable financial support include rent/house payments, utility bills (gas, electric, water, garbage, phone), food clothes, transportation, medical/auto insurance, out-of-pocket medical expenses.
  - b) **DON’T** report expenses you would normally pay; examples being, your mortgage/rent payments, your utility bills. Don’t report non-essential items such as cable/internet or entertainment/recreational expenses.

Type of Expense (Rent, Food, etc. only for individual(s) listed above)	Annual Dollar Amount of Expense (Paid on the behalf of the individual(s) listed above)
	\$
	\$
	\$
	\$
	\$

**By signing this form, I acknowledge the following:**

I/we certify that all the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. *Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.*

A Signature is **required** of at least one parent/stepparent whose information has been reported on this form.  
**ELECTRONIC SIGNATURES CANNOT BE ACCEPTED ON THIS FORM.**

Parent/Step-Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

*E-signatures will NOT be accepted*

**Due to data security guidelines, all forms must be submitted to our office using one of the following methods: in person, faxed, mailed through U.S. Postal Service, or electronically using our secure drop box at <https://uploads.southeast.edu/financialaid>. We cannot accept emailed forms.**