



C O K E R

C O L L E G E

HOUSEHOLD VERIFICATION

Coker College Student Name _____ Student ID# _____

The Federal Department of Education received your student aid information and has requested that we verify your household information. Complete this form and return it to the Office of Student Financial Planning. Write full names, age, and relationship in the chart area below. Also list anyone attending college on at least a half-time basis and list the college name (exclude parents attending college from the list). List the people in your household, include:

- Yourself
- Your spouse or parents, whichever is applicable
- Your children if you provide half or more of their support from July 1, 2018 through June 30, 2019
- Other people if they live with you, and you or your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019

FULL NAME	AGE	RELATIONSHIP	COLLEGE

Student Signature _____

Date _____

Parent Signature (for a Dependent Student) _____

Date _____

Coker College
Office of Student Financial Planning | 300 East College Avenue | Hartsville, SC 29550
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