



2018 – 2019 Other Adult Household Size Conflict – Dependent Student (EPHOA9)

Student Name: _____

Student ID: _____

Complete this form if one or more of the individuals listed in your parent’s household would be considered independent for financial aid purposes such as a grandparent or a sibling who is 24 years of age or older. **DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

Check the box that applies to the parent(s) whose information was reported on the FAFSA and the other adult(s) whose information was reported on the Verification Worksheet:

The parent(s) of the student listed at the top of this form have **NOT** provided and **will NOT** provide more than 50% of _____’s support from July 1, 2018 through June 30, 2019 (the 2018-2019 academic year).

The parent(s) of the student listed at the top of this form **have provided** and will continue to provide more than 50% of _____’s support from July 1, 2018 through June 30, 2019 (the 2018-2019 academic year).

Attached is proof of _____’s **2016 income (tax return transcript, W-2 forms, 1099-MISC forms, SSA-1099 form, etc.)**

_____ was not employed in 2016 and had no source of income including Social Security Benefits.

Certification: ALL PARTIES MUST COMPLETE THE CERTIFICATION BELOW

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false or misleading information on this worksheet that I may be fined, sentenced to jail or both.

Parent Signature (Required) Date

Student Signature (Required) Date

To submit the completed form: In person: Office of Financial Aid, Burgin-Dossett – Room 105;
Mail: Office of Financial Aid, P.O. 70722, Johnson City, TN 37614; Fax: (423) 439-5855;