



2018 – 2019 Other Adult Household Size Conflict – Independent Student (ESHOA9)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

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

[ ] The student listed at the top of this form has NOT provided and will NOT provide more than 50% of \_\_\_\_\_'s support from July 1, 2018 through June 30, 2019 (the 2018-2019 school year).

[ ] The student listed at the top of this form has provided and will continue to provide more than 50% of \_\_\_\_\_'s support from July 1, 2018 through June 30, 2019 (the 2018-2019 school 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: STUDENT 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.

Student Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Failure to complete every section of this form will result in a delayed financial aid package

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;