



2019 – 2020 Other Adult Household Size Conflict – Independent Student (ESHOA0)

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, 2019 through June 30, 2020 (the 2019-2020 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, 2019 through June 30, 2020 (the 2019-2020 school year).

[] Attached is proof of _____'s 2017 income (tax return transcript, W-2 forms, 1099-MISC forms, SSA-1099 form, etc.)

[] _____ was not employed in 2017 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;