

Clarification of Household Information 2024-2025

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

There is a discrepancy between the information you provided on your Free Application for Federal Student Aid (FAFSA) and Lakeland's Verification Worksheet regarding your household size and/or household members in college. Please complete the following to clarify your household information for the 2023-2024 financial aid year.

Independent Students – Include the following information on:

- Yourself (and spouse, if married)
- Your children, if you will provide more than half of their support between July 1, 2024, and June 30, 2025, even if they do not live with you
- Other people, if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2024, and June 30, 2025

Dependent Students – Include the following information on:

- Yourself
- Your parent(s) whose information is on your FAFSA (including a stepparent) even if you do not live with your parent(s)
- Other children, if your parent(s) will provide more than half of their support from July 1, 2024, through June 30, 2025, even if they do not live with your parent(s) or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025
- Other people, if they now live with your parent(s), your parent(s) provide more than half of their support and your parent(s) will continue to provide more than half of their support through June 30, 2025

Independent Students: List yourself, your spouse, and children, if applicable. Dependent Students: List yourself, parent(s), and siblings.			
Name	Age	Relationship to student	If enrolled in college at least half-time in 2024-2025, include the name of the college, otherwise leave blank
		Self	Lakeland Community College

Others in your household: Provide the following information for others in your household if you (and your spouse), or your parent(s) are providing more than 50% of their support.					
Name	Age	Relationship to student	If enrolled in college at least half-time in 2024-2025, include the name of the college, otherwise leave blank	Dates this person will live with you between July 1, 2024, and June 30, 2025	List all resources you, your spouse or your parent(s) will use to support this person

By signing this form, I/we certify that all information reported on this worksheet is complete and correct. If dependent, at least one parent must sign this form. **Warning: Purposely providing false or misleading information on this form is punishable by fine and/or imprisonment.**

Student's Signature: _____

Date: _____

Parent's Signature (for Dependent Students): _____

Date: _____

Complete this form and return:*

- By Fax:** 440.525.7704
- By Mail:** Lakeland Community College • 7700 Clocktower Drive • Kirtland, OH 44094-5198
- By [Secure Upload](https://lakelandcc.edu/financialaid):** Visit lakelandcc.edu/financialaid • Under RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland login credentials required)
- In Person:** Lakeland Student Service Center • located in Building A-1003

*Please do not send documents through email as it is not secure.