

For your security, we request that you do not send any Personally Identifiable Information (PII) via email or attachments. This may include social security numbers, dates of birth, and other information.



**Priority Dates**  
**Returning Students**  
**April 30, 2025**

**New Students**  
**April 30, 2025**

## Number in Household Verification

Please complete the requested information below. If you have any questions, please call our office at 252-398-6535.

### A. Student Information

|                |                   |
|----------------|-------------------|
| Name:          | SSN: XXX-XX-_____ |
| Date of Birth: | Phone #:          |

### B. Contributor Information – if the student is not married, complete the information here.

| Full Name | Age | Relationship to Student | Marital Status  |
|-----------|-----|-------------------------|---|
|           |     |                         | <input type="checkbox"/> Single – Never Married<br><input type="checkbox"/> Married – Date _____<br><input type="checkbox"/> Divorced – Date _____<br><input type="checkbox"/> Separated – Date _____<br><input type="checkbox"/> Remarried – Date _____<br><input type="checkbox"/> Living together, but not married |
|           |     |                         |   |

### C. Household Information:

*Use the chart below to list the people in the household of the parent(s) listed on the FAFSA. Include the first name, last name, age, and relationship to you*

Dependent students are required to list the people in your contributor's household, excluding foster children. Include:

- any siblings residing in the home, and
- anyone else residing in the home, if your contributor will provide more than half of their support from 7/1/25 through 6/30/26.

| Full Name | Age | Relationship to Student | College/University in 25-26 |
|-----------|-----|-------------------------|-----------------------------|
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |
|           |     |                         |                             |

### A. Certification - Please return this information within the next 14 days.

By signing this worksheet, I (we) certify that all information reported is complete and correct. Failure to complete verification will render the student ineligible for need-based aid, including loans, for that academic year.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contributor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Priority Dates

|   |                                       |
|---|---------------------------------------|
| <b>Returning Students</b><br>April 30, 2025 | <b>New Students</b><br>April 30, 2025 |
|---|---------------------------------------|

Return to: Chowan University - Financial Aid Office – One University Place – Murfreesboro, NC 27855  
 Phone: 252-398-6535 – Fax: 252-398-6513 – Email: [finaid@chowan.edu](mailto:finaid@chowan.edu)