

# Buffalo State University

Banner ID: \_\_\_\_\_ Name: \_\_\_\_\_

## Verification of Other Persons in Household (VOTH25 pg.1)

**Instructions:** The Verification of Other Persons in Household form is required when members in the household reported on the verification worksheet are outside of federal government's definition of who may be included. Refer to the chart below to determine who in your family is characterized as an "other person" and then complete Parts I through IV.

Student Type	Your verification worksheet included....
Dependent Students	<ul style="list-style-type: none"><li>• A sibling that is 24 years old or older; or</li><li>• Someone other than a parent or sibling (e.g., grandmother, cousin, niece, etc)</li></ul>
Independent Students	<ul style="list-style-type: none"><li>• Someone other than a child under the age of 24 or a spouse.</li></ul>

### Part 1: Name of the Other Person in Household

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### Part 2: Name of Person Providing the Support for the Above-Named Person

- For **dependent** students, you should list your parent(s)
- For **independent** students, you should list yourself

Name: \_\_\_\_\_

### Part 3: From July 1, 2024 through June 30, 2025, will you (the individual in Part II) provide more than 50% of the support for the Other Person in your household?

Check one response and follow the instructions.

I **will** provide more than 50% of support

- Go to Page 2 and complete "Support Worksheet". Sign the form and then submit both pages to the Financial Aid Office.

I **will not** provide more than 50% of support

- Sign below and return to the Financial Aid Office. Do not complete Page 2.

\_\_\_\_\_  
Signature of Parent or Independent Student (Person in Part II)

\_\_\_\_\_  
Date

# SUNY Buffalo State

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## Verification of Other Persons in Household (VOTH25 pg.2)

### Part 4: Support Worksheet

If you answered that you will provide more than 50% of the other person's support, you must complete the support worksheet below to demonstrate how the support is provided.

<b>To be completed by Parent or Independent Student</b>
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\$ \_\_\_\_\_ List the entire household's typical monthly expenses. Include mortgage/rent, utilities, insurance, food, medical, etc.

\_\_\_\_\_ Enter the total number of people residing in the home.

\$ \_\_\_\_\_ If you will provide support to the Other Person in addition to the amount listed in your entire household expenses above, enter the additional monthly amount. Examples: clothing, medical, education specific to the Other Person.

List expenses: \_\_\_\_\_

**Certification:** By signing, you attest that this is a true and accurate statement.

**Signature of Parent or Independent Student:** \_\_\_\_\_

<b>To be completed by Other Person Reported in Part 1</b>
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\$ \_\_\_\_\_ How much do you typically earn per month?

\$ \_\_\_\_\_ How much other income do you receive in a typical month? Other income includes amounts provided by state, local, and other welfare agencies, monetary gifts, or amounts paid on your behalf, or investment income.

List sources: \_\_\_\_\_

**Certification:** By signing, you attest that this is a true and accurate statement.

**Signature of Other Person\*:** \_\_\_\_\_

\*if the other person is a minor, a guardian should sign on their behalf.

**\*\*Once signed and submitted, updates to this form are not permissible. \*\***