

# Household Verification Form 2026-27

STUDENT FINANCIAL SERVICES

204 S. College Avenue  
College Place, WA 99324-1198  
fax (509) 527-2556  
sfs.wallawalla.edu

Student Name \_\_\_\_\_

WWU ID \_\_\_\_\_

☐ Dependent Student

☐ Independent Student

## Dependent Students - who to list in your parents' household:

- List yourself and your parent(s) (including stepparent),
- List your parents' other children if (a) your parents will provide more than half of their support from July 1, 2026, through June 30, 2027, or (b) the children are considered dependent by the Department of Education, and
- List other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2026, through June 30, 2027.

## Independent Students - who to list in your household:

- List yourself and your spouse (if you have one),
- List your children, if you will provide more than half of their support from July 1, 2026, and June 30, 2027, and
- List 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 from July 1, 2026, and June 30, 2027.

If any other household member will be attending college **at least half-time** between July 1, 2026, and June 30, 2027, and will be **enrolled in a degree or certificate program**, list the name of the college or university in the College column. Do not include parents.

### For all students

Full Name	Age	Relationship	College
Your Name:		Self/Student	Walla Walla University
If Independent, List Spouse:			

### Parents (if dependent)

Full Name	Age	Relationship	College
Parent 1:			XXXXXXXXXXXX
Parent 2:			XXXXXXXXXXXX

Other family members that will be in your household during July 1, 2026, and June 30, 2027 (example: siblings, children). If you need more space, add to back of this form or on another sheet and attach to this form.

Full Name	Age	Relationship	College

Each person signing below certifies that all of the information reported on this form is complete and correct.

**REAL HANDWRITTEN SIGNATURES REQUIRED, NOT TYPED!**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature  
(Required if dependent)

\_\_\_\_\_  
Date

Please return this form to [financial.aid@wallawalla.edu](mailto:financial.aid@wallawalla.edu) or fax to 509-527-2556

