Office of Financial Aid 8800 O Street Lincoln, NE 68520 Ph.: 402-437-2610 Fax: 402-437-2402 financialaid@southeast.edu

2023-2024 FAFSA Verification

Parent of Dependent Student - Means of Support

t Name:	Student SCC ID:
	ts; however, we are unable to process Verification because the Parent of Dependent er documentation regarding the level of financial support for the following individual(s)
l(s):	
l(s) indicated above can be listed on the Househol	ld Size Form only if they meet one of the two following conditions:
and June 30, 2024. Check the appropriate box be Resides in custodial parent(s)	household
ŀ	received your 2023-2024 Verification documen dousehold Size Verification Form requires furthene household. (s): (s) indicated above can be listed on the Household Sibling of the student and if the student's custod and June 30, 2024. Check the appropriate box be

2. Other person(s) who live with and will receive more than half of their support from the sthan iy0 **d()** 4 28 **BI** appropriate