

Mississippi Office of Student Financial Aid

3825 Ridgewood Road, Jackson, MS 39211-6453
1-800-327-2980/601-432-6997

Household Verification Worksheet

Student Full Name (REQUIRED): _____

Social Security Number (REQUIRED): _____

List the family members who live in the same household as the student applicant (REQUIRED):

Name	Relationship	Age
EX: Mary Doe	Mother	42

Mail this form to the address above. **Please do not FAX this information.**