

Name_____

Financial Aid Office 1100 E. 14th St. Ada, OK 74820 Phone: 580-559-5243 Fax: 580-559-5638

ECU ID#_____

2025-2026 HOUSEHOLD SIZE VERIFICATION

YOU HAVE PROVIDED INCONSISTENT IN YOUR 2023-2024 FINANCIAL AID APPLIC			EHOLD SIZE. BEFORE WE CAN PROCESS VING:	
and June 30, 2026. Include your parent their support from your parents. Also in	s and yourself. nclude them if the 2025-2026 schour parents and w	Include your parent's ot ney would be required t ol year. Include other p	o provide parental information when beople only if they now live with and get	5
· · · · · · · · · · · · · · · · · · ·	r spouse. Includ now live with yo	le your children if they g u, and they now get mo		
Name	Age	Relationship to student	If this person will attend college ½ time, list college here:	
		SELF		
_				
Check if there are more	e members and	list these people on add	ed page.	
Student Signature		Date		
Parent Signature (Dependent Students (Only)			