## STUDENT FINANCIAL SERVICES

## **2023-2024 Conflicting Information Resolution** for Dependent Students

Student Name:				
Student ID Number (if known): _				
Household Information List the people in your household, inclu  yourself and your custodial parent  your custodial parents' other child  (a) your parents will provide more  (b) the children would be require  Other people, if they now live with and your parents will continue to pure the name, age, and relationship ouniversity, or program for any family muly 1, 2023 and June 30, 2024, and will have peed more space.	(s) (including ren, even if e than half conditions of the thing of all houself including including the thing of all houself including including the thing of all houself including including including the thing of all houself including including the thing of the thi	they don't live with your their support from Just parental information dial parents and your pethan half of their support members below. In the supper than your parent[s]	ur parent(s), if uly 1, 2023 through June 30, 20 when applying for federal stude parents provide more than half oport through June 30, 2024.  If applicable, write the name on the polythese of the parents of the paren	dent aid, and f of their support f the college, t half-time between
you need more space.		T	T	
Full Name	Age	Relationship	College	Will be Enrolled at Least Half-Time (Yes or No)
Example: Martha Jones	20	Sister	University of Missouri	Yes
		Self		
		Parent 1	Not Applicable	
		Parent 2	Not Applicable	
Signatures (Required)  By signing below, we certify that all of and at least one parent must sign.	the informa	tion reported on this w	vorksheet is complete and acci	urate. The student
Student's Signature		Date		
Parent's Signature		Date	<del></del>	