

## HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

Student Financial Aid  
1136 University Circle  
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Phone: (801) 626-7569  
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### DIRECTIONS

Please list the people who belong to your household, as follows:

- **Dependent students:** Count all of the people whom your parents will support between July 1, 2009, and June 30, 2010, including:

**Section A: Yourself**

**Section B: -Parent(s) and/or stepparents** if your parents are both living and married to each other (not separated), list both. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived with more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent, if there has been a remarriage.

-**Parent's dependent** children if your parent(s) provides more than half of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.

-**Other people** if any other person lives with and receives more than half of her/his support from your parent(s) and will continue to receive more than half of her/his support from your parent(s) during the time period above.

- **Independent students:** List all of the people whom you and your spouse will support between July 1, 2009 and June 30, 2010, including:

**Section A: Yourself**

**Section B: -Your spouse**

-**Your dependent children** if you and your spouse provide more than half of the support of any dependent children.

-**Other people** if those people live with and receive more than half of their support from you (or your spouse) and will continue to receive more than half of their support from you (or your spouse) during the time period above.

SECTION A. Student information				
Name (last, first, middle initial)	Birth date	W#		
SECTION B. Household members				
1. <input type="text"/> Based on the criteria given in the directions above, how many people live in your household (if you have independent status) or your parent's household (if you have dependent status)? Include yourself in the total.				
2. <input type="text"/> How many household members (EXCLUDING PARENTS)* are or will be enrolled in a postsecondary degree or certificate program at least half time between July 1, 2009, and June 30, 2010? For any household member that you have included in this total number, list below the institution she/he will attend, along with the degree each person is seeking.				
List Members in College				
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		

**SECTION B. Household members**

Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Name (last, first, middle initial)	Social Security number	Age	Relationship to you (the student)	Birth Date
Name of institution	Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		

**SECTION C. Certification**

We certify that all of the information contained on this form is complete and correct.

Student Signature	Date
Parent Signature (if dependent)	Date