

# HOUSEHOLD SIZE AND COLLEGE VERIFICATION

Student Financial Aid

1136 University Circle  
 Ogden UT 84408-1136  
 Phone: (801) 626-7569  
 Fax: (801) 626-7408

**SECTION A. Student information**

Name (last, first, middle initial)	Birth Date	W#
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**SECTION B. Household members**

LIST ALL FAMILY MEMBERS

- If you are an INDEPENDENT student, this includes your spouse and your dependent children.
- If you are a DEPENDENT student, this includes your parents and your parents' other dependent children.

- If you or one of the people you are listing is pregnant (due before June 30, 2013) you may list the unborn child if you include a medical verification letter.
- If you have family members attending another college please fill out the College Verification below in (Section C).

Name Relationship to student	Age
Name Relationship to student	Age
Name Relationship to student	Age
Name Relationship to student	Age
Name Relationship to student	Age
Name Relationship to student	Age
Name Relationship to student	Age

**SECTION C: College Verification - If Applicable**

Last name	First name, middle initial	Age	Relationship to student	Birth Date
Name of institution	Type of Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Last name	First name, middle initial	Age	Relationship to student	Birth Date
Name of institution	Type of Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		
Last name	First name, middle initial	Age	Relationship to student	Birth Date
Name of institution	Type of Degree or Certificate	Term of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer		

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_