



2023-2024 Verification of Household Size Dependent Student

Student's Name (Print) _____

Student's ID Number _____

Address (include apartment number) _____

Date of Birth _____

City _____ State _____ Zip Code _____

Phone Number _____

The number of Household Members and Number in College: List below the people in your household.

1. For a Dependent Student: How many people live in your parent's household?

***List their names below in the box.**

Include:

- Yourself, even if you don't live with your parent(s),
- Your parent(s)
- Your parents' other children (even if they do not live with your parents) if (a) your parents will provide more than half of their support between July 1, 2023, and June 30, 2024, or (b) the children would be required to provide parental information if they were to apply for Federal Student Aid.
- Other people if they now live with your parent(s) provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2024.

Full Name of All Household	Age	Relationship	College Enrolled At	At least ½ time?
1.		Self	LCOOU	(yes/no)
2.				
3.				
4.				
5.				
6.				

If more space is needed, provide a separate page with the student's name and ID number at the top.

2. **Number in College:** How many people in your parent's household will be college students between July 1, 2023, and June 30, 2024?

Always count yourself as a college student. Do not include your parents. Do not include siblings who are in U.S. military service academies. You may include others only if they will attend, at least half-time in 2023-2024, a program that leads to a college degree or certificate.

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Certification and Signature

Each person signing below certifies that all the information reported is complete and correct. **At least one parent must sign.**

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

Parent Phone Number _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Return form to the Financial Aid Department