



2020-21 Household Size Verification
 Financial Aid Office: Building B, Room 232

Student's Legal Name _____

Student ID Number _____ Phone _____

Dependent Student:

List the names of all the members in your parent's household in the chart below, including:

- Yourself, even if you don't live with your parent(s)/stepparent, and;
- Your parent(s)/stepparent, and;
- Your parent(s)/stepparent's other children, if they will receive more than half of their support from your parent(s)/stepparent from July 1, 2020, through June 30, 2021, and;
- Other people if they now live with your parent(s)/stepparent, and they provide more than half of their support and will continue to provide more than half of their support from July 1, 2020, through June 30, 2021.

Independent Student:

List the names of all household members in the chart below, including:

- Yourself, and your spouse (if married), and;
- Your children/stepchildren, if you will provide more than half of their support from July 1, 2020, through June 30, 2021, and;
- Other people if they now live with you, you provide more than half of their support and will continue to provide more than half of their support from July 1, 2020, through June 30, 2021.

In the chart below please list the name, age, and relationship to the student of each person in your household. If any members of your household, other than your parent(s)/stepparent, will be enrolled at least Half-time (6 credit hours or more) in a degree, or certificate program please include that under Name of college.

FULL NAME OF PERSON IN HOUSEHOLD	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (Do not include parent(s)/stepparent in college if attending)

Check this box if there are more than six family members in your household and attach a list of these people.

Certifications and Signatures

Federal Warning: Any person who knowingly makes a false statement or misrepresentation on all forms submitted shall be subject to a fine up to \$10,000 or imprisonment of up to five years or both under provisions of the U.S. Code. I declare under penalty of perjury that all information reported on this form and all the information reported on the 2020-2021 Free Application for Federal Student Aid which will be used to qualify for state and federal student aid is true, complete and accurate.

I certify that I have read and understand all items on this form and all information provided for my financial aid is true and correct.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____