HHSZ

Household Size Form
2015-2016

Purpose of Form
Generally, the Household Size Form is requested when the number reported in the household size and/or number in college on the Free Application for Federal Student Aid (FAFSA) and the CSS PROFILE or University Financial Aid Application does not match. This form may also be requested in order to confirm the identity of the family members reported in the household size and/or number in college on an application.

General Instructions
Complete this form to confirm the number of family members in your parent(s)’ household, or if you are an independent student, the number of family members in your household. In addition, please verify the college enrollment plans for those family members who will be attending at least half-time in 2015-2016. In the column for Degree Sought, please indicate if the family member will be pursuing an associate’s degree, bachelor’s degree, graduate or professional degree during the 2015-2016 academic year.

Family Members for Dependent Students Include:

- Yourself (the student)
- Your parent(s)
  - If your custodial parent is remarried, include both your custodial parent and the step-parent.
  - If your parents are divorced or separated and live in separate residences, only include your custodial parent.
  - If your parents are divorced or separated but live together, include both parents in the household.
- Your parent(s)’ other dependent children, including unborn children, who will receive more than 50% of their support from your parent(s) from July 1, 2015 through June 30, 2016
- Other people (including the domestic partner of your custodial parent), if they now live with your parent(s), your parent(s) provide more than 50% of their support and will continue to provide more than 50% of their support from July 1, 2015 through June 30, 2016

For dependent students, if any family member other than your parent was born before January 1, 1992, and/or is attending graduate or professional school, you must also complete the Dependent Document of Support Form for each family member. This form is available on the Financial Aid website, under Forms.

Family Members for Independent Students Include:

- Yourself (the student)
- Your spouse
- Your children, including unborn children, if you will provide more than 50% of their support from July 1, 2015 through June 30, 2016
- Other people (including your domestic partner) if they now live with you, you provide and will continue to provide more than 50% of their support from July 1, 2015 through June 30, 2016

Be sure to include all family members who are in the household and/or will be enrolled in college. In most cases, changes to the household size and number in college are prohibited by federal regulation once a student’s application is verified.

Also note that 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.

Forms received without the appropriate signature(s) or with missing information or missing pages are considered incomplete and must be resubmitted. This will delay the evaluation of your financial aid eligibility and the awarding of your financial aid.
# Household Size Form

**2015-2016**

Student’s University ID: □□□□□□ □ or SIS ID: □□□□□□□□□

**Student’s Full Name:**

(LEGAL NAME - PRINT) first middle last

<table>
<thead>
<tr>
<th>Name of Family Member</th>
<th>Date of Birth</th>
<th>Relationship to Student</th>
<th>Enrolled at least ½ time in 2015-2016 (Y or N)</th>
<th>Name of college if attending at least ½ time in 2015-2016</th>
<th>Degree Sought</th>
<th>Expected Graduation MM/YY</th>
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</table>

If you have more than 6 family members please submit an additional sheet with this form.

Did any family member listed above receive Social Security benefits in 2014? □ Yes □ No

Name of Family Member(s) | Total Amount Received $ □

Name of Family Member(s) | Total Amount Received $ □

Did any family member listed above receive **court-mandated** child support in 2014? □ Yes □ No

Name of Family Member(s) | Total Amount Received $ □

Name of Family Member(s) | Total Amount Received $ □

Did any family member listed above receive **other** child support in 2014 (e.g. mortgage payments, insurance, etc.)? □ Yes □ No

Name of Family Member(s) | Total Amount Received $ □

Name of Family Member(s) | Total Amount Received $ □

The student and one parent whose information was reported on the FAFSA must sign and date this form.

**CERTIFICATION STATEMENT:** I certify that all of the information I provided is complete and correct and I agree, if asked, to provide information that will verify the accuracy of my completed form. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both and my financial aid may be terminated.

**STUDENT SIGNATURE** _______________________________ Date ______________

**PARENT SIGNATURE** _______________________________ Date ______________

(Required for dependent students only)

HHSZ