

HHSZ

## Household Size Form 2016-2017

### 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 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. Please verify the college enrollment plans for those family members who will be attending at least half-time in 2016-2017. Do not abbreviate the names of any colleges or universities you include in the table; instead, write the full name of every institution. 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 2016-2017 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.
  - If your parents are married and only geographically separated, 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, 2016 through June 30, 2017
- 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, 2016 through June 30, 2017

For dependent students, if any family member other than your parent was born before January 1, 1993, and/or is attending graduate or professional school, you must also complete the Document of Support for Parent's Dependent Form for each applicable 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, 2016 through June 30, 2017
- 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, 2016 through June 30, 2017

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 believe that the information regarding the household member(s)' enrollment in eligible postsecondary educational institutions is unclear or 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.

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### Household Size Form 2016-2017

Student's University ID:     -     or SIS ID:

Student's Full Name: \_\_\_\_\_  
(LEGAL NAME - PRINT) first middle last

Name of Family Member	Date of Birth	Relationship to Student	Enrolled at least ½-time in 2016-2017 (Y or N)	Full Name of College if Attending at Least ½-time in 2016-2017 (Do Not Abbreviate)	Degree Sought	Expected Graduation MM/YY
1		Self				
2						
3						
4						
5						
6						

If there are more than 6 family members, please submit an additional sheet with this form.

Did any family member listed above receive Social Security benefits in 2015?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Family Member(s)		Total Amount Received	\$	
Name of Family Member(s)		Total Amount Received	\$	
Did any family member listed above receive any form of child support in 2015?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Family Member(s)		Total Amount Received	\$	
Name of Family Member(s)		Total Amount Received	\$	
Did any family member listed above receive any support <b>other than child support</b> in 2015 (such as mortgage payments, insurance, etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> 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)