HHSZ Household Size Form 2019-2020

Purpose of Form
Generally, the Household Size Form is requested when there is lack of agreement between the responses on a student’s Free Application for Federal Student Aid (FAFSA) and the CSS PROFILE regarding either the number of people in the household or the number children enrolled in college or both. 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.

General Instructions
Complete this form to confirm the number of family members in your parent(s)’s household, or if you are an independent student, the number of family members in your household. Include the college enrollment plans for those family members who will be attending at least half-time in 2019-2020. 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, bachelor’s, graduate, or professional degree during the 2019-2020 academic year.

Family members for dependent students include:
- Yourself (the student)
- Your parent(s)
  - If your parents are married and only geographically separated, include both parents in the household
  - If your parents are divorced or separated but live together, include both parents in the household
  - If your parents are divorced or separated and do not live together, only include your custodial parent
  - If your custodial parent is remarried, include both your custodial parent and your step-parent
- 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, 2019 through June 30, 2020
- Other people (including the domestic partner of your custodial parent), if they now live with your parent(s), and if your parent(s) provide more than 50% of their support, and if they will continue to provide more than 50% of their support from July 1, 2019 through June 30, 2020

Family members for independent students include:
- Yourself (the student)
- Your spouse (if you are married)
- Your children, including unborn children, if you will provide more than 50% of their support from July 1, 2019 through June 30, 2020
- Other people (including your domestic partner) if they now live with you, and you provide more than 50% of their support, and if you will continue to provide more than 50% of their support from July 1, 2019 through June 30, 2020

In most cases, changes to the household size and number in college are prohibited by federal regulation once a student’s application is verified. Please 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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Student’s University ID: □□□□ □□□□ or SIS ID: □□□□□□□

Student’s Full Name: ____________________________________________

(LEGAL NAME - PRINT) first middle last

List all family members who are in the household. If there are more than 6 family members, submit an additional sheet with this form.

<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 any time between July 1, 2019 and June 30, 2020 (Yes or No)</th>
<th>Full Name of College if Attending at Least ½-time in 2019-2020 (Do Not Abbreviate)</th>
<th>Degree Sought</th>
<th>Expected Graduation MM/YY</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Self</td>
<td>University of Virginia</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

Did any family member listed above receive Social Security benefits in 2017? If yes, please submit a copy of the SSA-1099 for each family member.

□ Yes □ No

Name of Family Member(s) Total Annual Amount Received $  

Name of Family Member(s) Total Annual Amount Received $

Did any family member listed above receive any form of child support in 2017?

□ Yes □ No

Name of Family Member(s) Total Annual Amount Received $  

Name of Family Member(s) Total Annual Amount Received $

Did any family member listed above receive any support other than child support in 2017 (such as mortgage payments, insurance, etc.)

□ Yes □ No

Name of Family Member(s) Total Annual Amount Received $  

Name of Family Member(s) Total Annual Amount Received $

Student (and if student is dependent, 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)