

Office of Financial Aid Household Size Verification Form

Student Name	Student ID#			
Home Phone	Cell Phone	E-mail Address		
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Directions: Write the name, age, and relationship of all household members. If applicable, write the name of the college, university, or program for any family member, excluding your parent(s), who will be attending at least half-time and will be enrolled in a degree, diploma, or certificate program between July 1, 2024 and June 30, 2025. Attach a separate page if you need more space.

DEPENDENT STUDENTS

- Yourself and your parent(s) (including stepparent) even if you do not live with your parents, and
- Your parents' other children, if (a) your parents will provide more than half of their support from July 1, 2024 through June 30, 2025, or (b) the children would be required to provide parental information when applying for Federal Student Aid, even if they do not live with your parent(s),
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

INDEPENDENT STUDENTS

- Yourself and, your spouse if you have one, and
- Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you, *and*
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

Full Name	Age	Relationship	Current College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Student	Camden County College	

Student Signature	Date	
Parent Signature	Date	(Dependent Students only)

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