

DEPENDENT

HOUSEHOLD SIZE VERIFICATION

Please complete the form below using the following instructions. If you do not understand these instructions, call the Office of Student Financial Services before completing this form. You should include on this form information pertaining to the period July 1, 2016 through June 30, 2017.

Include on this form:

- -- Yourself
- -- Your parent(s) that provide support for you
- -- Your parent(s)' other children, if they get more than half their support from your parent(s), or if they would be required to provide parental data when applying for the Title IV Federal Student Aid
- -- Other people **only if** they **now** live with and receive more than half their support from your parent(s) and will continue to do so between July 1, 2016 and June 30, 2017.

FULL NAME	<u>AGE</u>	RELATIONS	HIP COLLEGE A	TTENDING 2016-17
1.		Self		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Student Name (Printed)			Student's SSN	
Signature			Date	
Signature	Student		Date	