



## Household Size Verification Form 2026-2027

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

We are required to verify the information you reported on your FAFSA regarding the size of your household. Please list the people in your household by following the instructions below.

If you reported <u>parent</u> information on the FAFSA, include:	If you reported <u>only student</u> information on the FAFSA, include:
<ul style="list-style-type: none"> <li>• Yourself</li> <li>• Parent(s) (biological or adoptive) as indicated below:               <ul style="list-style-type: none"> <li>➢ Married <u>or</u> Living Together – Include both</li> <li>➢ Single/Divorced/Separated – Include only the parent who provided the most financial support during the past 12 months. If neither supported you more, include the parent with the greater income and assets.</li> <li>➢ Widowed – Include the surviving parent</li> </ul> </li> <li>• Parent's spouse, if remarried</li> <li>• Other individuals, if your parent(s)' will provide more than half of their support from July 1, 2026 through June 30, 2027 AND they are:               <ul style="list-style-type: none"> <li>➢ Dependent children, even if they live apart due to College enrollment</li> <li>➢ Other dependents living with the parent(s)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Yourself</li> <li>• Your spouse, if married</li> <li>• Other individuals, if you will provide more than half of their support from July 1, 2026 through June 30, 2027 and are:               <ul style="list-style-type: none"> <li>➢ Dependent children, even if they live apart due to College enrollment</li> <li>➢ Other dependents living with you</li> </ul> </li> </ul>

**List the name, age, and relationship of all household members who meet the above definition.** If you need more space, please use the back side of this form.

Full Name	Age	Relationship to You
		Self

I/we certify that the above information about my/our household size is complete and correct.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required if parent information was reported on the FAFSA)