

2014-2015 Verification of Household Size / Number in College

Dependent Student

Your FAFSA application has been selected for verification. In the process of reviewing your verification documents, we have identified some items that need clarification. **Using black ink**, please complete the chart below including the people in your household that you or your spouse (if married) support.

	Last Name	Fi	rst Name	M.I.	SSN or	ID Number		
	Street Address (include ap	t. no.)		1		Date of Birth		
	City	S	tate	ZIPCode	Home Phone Number			
	Email Address			Alte		ernate or Cell Phone Number		
1. List 2. List 3. You You 4. Oth	ur parents' other children if: ur parent(s) will provide mo	re than half or ith your pare 014 to June 3	f their support beto nt(s) for whom you 0, 2015	iving at home, the parent(s) wheen July 1, 2014 and June 30, or parent(s) currently provide a	2015 Ind will co	ontinue to provide more	than half of their	
	Full Name	Age	Relationship to Student	Name of College (if not applicable, leave blan		Will be enrolled at least half-time? (Yes or No)	Lives with your parent? (Yes or No)	
	Full Name		Relationship	Name of College		Will be enrolled at least half-time?	Lives with your parent?	
	Full Name		Relationship to Student	Name of College		Will be enrolled at least half-time?	Lives with your parent?	
	nture	Age	Relationship to Student Self	Name of College (if not applicable, leave blan	nk)	Will be enrolled at least half-time? (Yes or No)	Lives with your parent? (Yes or No)	

Date

Parent Signature