University of Idaho

Student Financial Aid
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**Office Use Only**
Doc: HHSDEP / HHSDPA #8
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

# Household Size and Number in College Verification DEPENDENT 2011-2012

Student: _____ Student ID # or Social Security #: _____
Please Print

Today's Date: _____ Phone #: _____

The federal government requires colleges to check the accuracy of the information provided on your 2011-2012 Free Application for Federal Student Aid (FAFSA). Your parent(s) must confirm the information requested below. Return this completed, signed form to our office. If you have questions, contact our office for assistance.

If more room is needed to list all family members, use the reverse side of this form or attach another sheet. Remember to answer both questions for those additional family members. Be sure to print the student's name and social security number on the additional sheet for identification.

## A. DEPENDENT STUDENT - INFORMATION ABOUT FAMILY MEMBERS

List the people in your parent(s)' household, include:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents;
- Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2011 through June 30, 2012, or (b) the children would be required to provide parental information when applying for federal student aid; and
- 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, 2011 through June 30, 2012.

| Full Name of Family Member | Social Security Number | Relationship to Student | Date of Birth |
|---|---|---|---|
| **STUDENT APPLICANT** | | **SELF** | |
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## B. NUMBER OF CHILDREN ATTENDING POST-SECONDARY EDUCATION (COLLEGE)

Complete this section for any dependent child listed above who is or will be attending a college or other post-secondary educational institution during the 2011-2012 year on at least a half-time basis and is or will be enrolled in a degree, diploma, or certificate program. Do not list parents. If you need more space, attach a separate page.

| Full Name of Family Member | Social Security Number | College Name for 2011-2012 Attendance |
|---|---|---|
| **STUDENT APPLICANT** | | **University of Idaho, Moscow, Idaho 83844-4291** |
| | | |
| | | |

CERTIFICATION: By signing this worksheet, I (we) certify that all the information reported on it is complete and correct.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____