University of Idaho

Student Financial Aid Services
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Office Use Only
Doc: HHSIND / DHHSND #9
Tkg Grp: _____
Comp. Date: _____
Comp. By: _____

Household Size and Number in College Verification INDEPENDENT 2011-2012

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

Today's Date: _____ Local Phone #: _____

The federal government requires colleges to check the accuracy of the information provided on your 2011-12 FAFSA. You and your spouse (if you are married) must confirm the information in the spaces below. Please return this completed, signed form to our office. If you have questions, please 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.

FAMILY INFORMATION

List the people in your household, include:

- Yourself, and your spouse if you have one, *and*
- Your children, if you will provide more than half of their support from July 1, 2011 through June 30, 2012, 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, 2011 through June 30, 2012.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s) who will be attending college **at least half-time** between July 1, 2011 and June 30, 2012, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Date of Birth	Relationship	College Attending in 2011 - 2012
		Self	University of Idaho

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

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____