

University of Idaho

Student Financial Aid Services
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Office Use Only	
Doc: _____	HHSDEP _____
Tkg Grp: _____	_____
Comp. Date: _____	_____
Comp. By: _____	_____

Household Size and Number in College Verification DEPENDENT 2017-2018

Student: _____
 Please Print

Student ID or SSN: _____

Today's Date: _____

Phone #: _____

The federal government requires colleges to check the accuracy of the information provided on your 2017-2018 FAFSA. Please list all the members of your parents' household below. Once completed, print, sign, and return this 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 all of the questions for those additional family members. Be sure to print the student's name and student ID Number on the additional sheet.

1) List the people in your household in the space provided below, include:

- Yourself (the student)
- Your parent(s) (including step-parent and parents living together but unmarried) even if you do not live with them;
- Your parents' other children, even if they do not live with them AND if (a) your parents will provide more than half of their support from July 1, 2017 through June 30, 2018, OR (b) the children would be required to provide parental information
- 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, 2017 through June 30, 2018

2) Number in College: After including the names of all household members in the space provided 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, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College Attending in 2017-2018	If Attending, Will be Enrolled at Least Half Time (Yes or No)
		Self	University of Idaho	

**We may require additional documentation regarding the household members enrolled in eligible postsecondary educational institutions.*

Certification: By signing this worksheet, we certify that all the information reported on it is complete and correct. The student and a parent whose information was reported on the FAFSA must sign and date. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____