

## Household Size Clarification



Student's Name (Printed) \_\_\_\_\_

Student ID # \_\_\_\_\_

Upon review of your **2023-2024** Verification Worksheet it appears you have inconsistent information.

You listed on the Federal Verification Worksheet your household members which conflict with responses provided on the FAFSA (Free Application for Federal Student Aid).

Do you now have or will have household members who receive more than half of their support from you between July 1, 2023 and June 30, 2024? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2024? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain below:

Explain in detail the relationship to the individual and support provided: NOTE: You can provide documentation.


Support for dependent(s) includes housing, food, clothing, medical, dental care, childcare, money, gifts, etc. that you provide. Legal documentation such as custody papers, legal guardianship, tax exemptions, funds in the dependents name, child support paid/received, etc.

Resources that enable you to provide the support can include: (1) earnings you receive from work or in-kind support (housing/food in exchange for work), (2) assistance you receive from other agencies (such as Medicaid, TANF, SNAP, WIC, and SSI). Money you receive from other family and friends cannot be included as a resource for your dependents' support. For financial aid purposes, foster children are not considered to be legal dependents.

If you answered correctly, please list your dependent(s) if, at the time you completed your FAFSA, they lived with you and received more than half of their support from you and will continue to be supported by you and receive more than half of their support from you through the end of the academic year. Complete certification below.

Name of Dependent	Date of Birth	Relationship	Date he/she began living with you

By signing below, I certify that all information provided on this form is complete and correct to the best of my knowledge. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, and/or removed from school. Applications that are suspected to contain fraudulent information will not be awarded federal financial aid.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_  
(Dependent Student)

Date: \_\_\_\_\_