



## 2026-2027 Household Size/Number in College - Independent

Student's Name \_\_\_\_\_

Student ID: \_\_\_\_\_

The financial aid application you submitted contained unclear or conflicting information for household size and/or the number of household members listed in college. Please clarify by completing all sections in the table below:

List **all** the people in **your household** (i.e. the household whose data was reported on the FAFSA)

Include:

- Yourself and your spouse if you are married
- Your dependent children if they live with you (or live apart because of college enrollment) and receive more than half of their support from you and will continue to receive more than half their support from you from July 1, 2026 through June 30, 2027
- Other people if they live with you and receive more than half of their support from you and will continue to receive more than half their support from you from July 1, 2026 through June 30, 2027
- Provide college information for any household member who will be attending at least half time between July 1, 2026 and June 30, 2027 in a degree, diploma, or certificate program. If you need more space, attach a separate page.

| FULL NAME OF FAMILY MEMBERS | RELATIONSHIP TO STUDENT | AGE | Name of College This Person Will Be Enrolled At Least Half Time |
|-----------------------------|-------------------------|-----|-----------------------------------------------------------------|
| 1.                          | Self                    |     |                                                                 |
| 2.                          |                         |     |                                                                 |
| 3.                          |                         |     |                                                                 |
| 4.                          |                         |     |                                                                 |
| 5.                          |                         |     |                                                                 |
| 6.                          |                         |     |                                                                 |
| 7.                          |                         |     |                                                                 |

I certify the information reported above is true and accurate to the best of my knowledge. I understand that providing misleading or false information can jeopardize financial aid eligibility and subject me to federal penalties. If additional information is requested, I agree to provide the institution with any supporting documentation to verify the information stated above. The student must provide a signature. We do not accept typed signatures.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date