

2019-2020 Household Size Statement

Student Name: _____ **Student ID Number:** G _____

Please list the names and ages of all the members of your household* during the 2019-2020 academic year. Also, please indicate which family members (*excluding parents*) will be enrolled in college at least half-time during 2019-2020 and which institution they are planning to attend. Parents cannot be listed as attending college for this form.

***The term "Household" is defined as follows:**

If you are a **dependent** student (i.e. you are required to report parent information on the FAFSA form), the household includes yourself, your parents and your parents' other children if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid. Include other people only 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, 2019 through June 30, 2020.

If you are an **independent** student, the household includes yourself, your spouse if applicable, and your children if you (and/or your spouse) provide more than half of their support. Include any others if they now live with you and you (and/or your spouse) provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

NAME (PLEASE PRINT)	AGE	RELATIONSHIP	COLLEGE ATTENDING
		<i>Self</i>	<i>GVSU</i>

***Note: If the parent's marital status is different on this form than what was reported on the FAFSA, additional follow-up may be required.**

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. All attachments and supporting documents are true to the best of our knowledge. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.