

HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

Academic Year 2017-2018

Return this form

By mail to:
Office of Student Finance
200 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455

On campus at:
333 Robert H Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

Questions?
Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

CAUTION! Failure to complete this form accurately may result in an adjustment to your financial aid eligibility and financial aid awards. Be sure you add the required signature(s) to SECTION C. Certification.

To ensure privacy online, open in Adobe Reader (free at Adobe.com).
Add the required signature(s) in blue or black ink.

SECTION A. Household members' criteria

Please list all family members or any other people who belong to your household, including yourself, in **SECTION B. Household member listing** below, using these criteria:

Dependent students: List members in your parents' household. If your biological parents are divorced, report information for the parent with whom you live. If your custodial parent has remarried, include your stepparent. Even if you do not live with your parents or parent, you must report parent household information. List only those family members who live in the same household with you and your parents. Eligible household members include the following:

- yourself and your parent(s) (including a stepparent if your biological parents are divorced and your custodial parent has remarried), your parents' other children if (a) your parents provide **more than half their financial support** from July 1, 2017 through June 30, 2018, or (b) the children would be required to provide parental information when applying for federal financial aid.
- other people if they now live with your parents, receive **more than half their financial support** and will continue to receive more than half their support from your parents from July 1, 2017 through June 30, 2018.

B. If any member of your parents' household—other than a parent or stepparent—is **or will be enrolled in a degree or certificate program at least half time** between July 1, 2017 and June 30, 2018, list the postsecondary institution s/he will attend. You may be required at a later date to provide confirmation of enrollment for all household members attending college at least half time.

C. For family members enrolled at least half time in a postsecondary institution, report the program level in which they are enrolled—**PSEOP** (Postsecondary Enrollment Options Program, i.e. college attendance prior to high school graduation), **undergraduate**, or **graduate**.

Independent students: List members in your household. Provide names, birth dates and relationships of all eligible household members for whom you (and/or your spouse) will provide more than 50% of financial support between July 1, 2017 and June 30, 2018. List only those family members who live in the same household with you, and if you are married, your spouse. Eligible household members include the following:

- yourself (and your spouse if you are married),
- your children, if you will provide **more than half their financial support** and you will continue to provide more than half their support from July 1, 2017 through June 30, 2018.
- other people if they now live with you, receive **more than half their financial support** and will continue to receive more than half their support from you from July 1, 2017, through June 30, 2018.

B. If anyone listed is **or will be enrolled in a degree or certificate program at least half time** between July 1, 2017 and June 30, 2018, list the postsecondary institution s/he will attend. You may be required at a later date to provide confirmation of enrollment for all household members attending college at least half time.

C. For family members enrolled at least half time in a postsecondary institution, report the program level in which they are enrolled—**PSEOP** (Postsecondary Enrollment Options Program, i.e. college attendance prior to high school graduation), **undergraduate**, or **graduate**.

SECTION B. Household member listing

- Based on the criteria given above, how many people live in your household (if you have independent status) or in your parent's household (if you have dependent status)? Include yourself in the total number. List each person below whether or not s/he is attending a postsecondary institution.
- How many household members (excluding parents) are or will be enrolled in a postsecondary degree or certificate program at least half time between July 1, 2017, and June 30, 2018? **For any household member included in this total number**, name the postsecondary institution s/he will attend, along with the degree each person is seeking.

Please continue on page 2

To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.



SECTION B. Household member listing (continued)

| | | | |
|---|-------------------------------|---|-------------------------------|
| Your name (last, first, middle initial) | University ID | Birthdate (mm/dd/yyyy) | |
| Name of postsecondary institution University of Minnesota, Twin Cities | Degree or certificate | Terms of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer | |
| Household member name (last, first, middle initial) | University ID (if applicable) | Birthdate (mm/dd/yyyy) | Relation to you (the student) |
| Name of postsecondary institution | Degree or certificate | Terms of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer | |
| Household member name (last, first, middle initial) | University ID (if applicable) | Birthdate (mm/dd/yyyy) | Relation to you (the student) |
| Name of postsecondary institution | Degree or certificate | Terms of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer | |
| Household member name (last, first, middle initial) | University ID (if applicable) | Birthdate (mm/dd/yyyy) | Relation to you (the student) |
| Name of postsecondary institution | Degree or certificate | Terms of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer | |
| Household member name (last, first, middle initial) | University ID (if applicable) | Birthdate (mm/dd/yyyy) | Relation to you (the student) |
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| Name of postsecondary institution | Degree or certificate | Terms of enrollment (Check all that apply) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer | |
| Household member name (last, first, middle initial) | University ID (if applicable) | Birthdate (mm/dd/yyyy) | Relation to you (the student) |

SECTION C. Certification

Please provide your signature and, if you are a dependent student, the signature of a parent. By providing your signatures, you are certifying that all of the information contained on this form is complete and correct.

| | |
|--|-------------|
| Student signature (required) | Date signed |
| Parent signature (required for dependent students) | Date signed |