



## 2017-2018 Verification of Household Size – Dependent

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

Our office has a question regarding an individual that you reported in your parent’s household size for the **2017-2018** award year. This information will be used to determine if you can include this person in your parent’s household size. Please be advised that for people other than your parent’s children or a spouse to be considered in the household, they must provide **more than 50% of that person’s support** and **must continue to provide this support through June 30, 2018**.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship: \_\_\_\_\_

For minor children, does your parent(s) have legal custody or guardianship? Y or N  
**(If you answer yes to this question, please attach proof of custody. If your parent(s) does not have legal custody or guardianship, please attach a statement from the parent acknowledging that you are providing more than 50% of the child’s support and detailing how long they will remain in your parent(s) household. )**

Does this person currently live in a home you or your parent(s) own, rent or lease? \_\_\_\_\_. If so, how long will they remain in you or your parents(s) household? \_\_\_\_\_

Please provide the information requested below:

Expenses for the Entire Household	Yearly Cost
1) Rent/Mortgage	\$
2) Utilities and cable	\$
3) Telephone/Cell	\$
4) Groceries	\$
5) Other (specify)	\$
6) Total household Expenses (Add lines 1 through 6)	\$
7) Total Number of person who lived in household	
Expenses for the Person You Supported	
8) [Each person’s part of household expenses (line 6 divided by line 7)]	\$
9) Clothing	\$
10) Education	\$
11) Medical/Dental	\$
12) Transportation	\$
13) Other (specify)	\$
14) Total cost of support for the year (add lines 8 through 13)	\$
Funds Belonging to the Person You Supported	
15) Earnings from work	\$
16) Social Security/Disability/Pension Payments	\$
17) Savings and other income sources	\$
18) Total Resources of Person You Support (Total of lines 15 through 17)	\$
19) Amount of Total Resources on <b>line 18</b> the person used for own support	\$

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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