

HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

Academic Year 2011–2012

Return this form

By mail to:
 One Stop Student Services
 University of Minnesota, Twin Cities
 P.O. Box 835
 Minneapolis, MN 55440

On campus at:
 333 Science Teaching & Student Services
 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 the people whom your parents will support between July 1, 2011, and June 30, 2012, including:

- **Yourself** (in the field marked "Your name" in Section B)
- **Parent(s) and/or stepparents** if your parents are both living and married to each other (not separated), list both. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent if a parent has remarried.
- **Parents' dependent children** if your parent(s) provides more than half of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.
- **Other people** if any other person lives with and receives **more than half** of his/her support from your parent(s) and will continue to receive **more than half** of his/her support from your parent(s) during the time period above.

Independent students: List the people whom you (and your spouse) parents will support between July 1, 2011, and June 30, 2012, including:

- **Yourself** (in the field marked "Your name" in Section B)
- **Your spouse**
- **Your dependent children** if you and your spouse provide **more than half** of the support of any dependent children.
- **Other people** if those people live with and receive **more than half** of their support from you (or your spouse) and will continue to receive more than half of their support from you (or your spouse) during the time period above.

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, 2011, and June 30, 2012? **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.

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	

Please continue on page 2



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



SECTION B. Household member listing (continued)

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)
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	
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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)
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	

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

