SEATTLE PACIFIC UNIVERSITY

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services
P 206-281-2061 or 800-737-8826 (toll free)
E sfs-forms@spu.edu F 206-281-2835
3307 Third Avenue West, Suite 114, Seattle, Washington 98119
SPU.EDU/SFS

2022 - 2023 DEPENDENT HOUSEHOLD SIZE FORM

STUDENT NAME: _____ SPU ID: _____

This form is to verify the total number of members in your household and the number of members currently in college as listed on your 2022-2023 Free Application for Federal Student Aid (FAFSA). **Review the following instructions carefully before completing this form. Please complete all sections and have both the student *and* a parent provide a signature.**

List the people your parent(s) will support between **July 1, 2022 and June 30, 2023.**
Include:

- Yourself, even if you do not live with your parent(s).
- Your parent(s) (including stepparent).
- Your siblings and/or your parent(s)' other children ***if*** they will receive more than half of their support from your parent(s) from July 1, 2022 to June 30, 2023 or ***if*** your parent(s) would be required to provide information for these children when filing a 2022-2023 FAFSA. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they: a) currently live with your parent(s); b) your parent or parents provide more than half of their support; and c) your parent(s) will continue to provide this support between July 1, 2022 and June 30, 2023 (support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Do not include foster children.
- Include the name of the college for any household member (except parents) who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022, and June 30, 2023. Do not include siblings in Running Start**.**

Be sure to list your parent(s) and to complete all fields. Attach an additional sheet if necessary.

Name	Relationship to Applicant	Age	2022 - 2023 College Name (If applicable)
	Self		SPU

By signing this Verification Statement, we attest that all information reported on this form is true and complete to the best of our knowledge. If asked, we agree to submit documentation supporting the information provided on this form.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.

_____

Student Signature Date Phone Email

_____

Parent Signature Date Phone Email