

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 INDEPENDENT HOUSEHOLD SIZE FORM

STUDENT NAME:		s	SPU ID:
	ree Application for Fe	deral Stu	and the number of members currently in udent Aid (FAFSA). Review the following lete all sections.
 2022 and June 30, 2023, or if the FAFSA for 2022-2023. Include che You may include any unborn child Other people if: they live with you, provide this support between July housing, food, clothes, car, medic foster children. Include the name of the college for degree, diploma, or certificate pro 2022, and June 30, 2023. Exclud 	ed, your spouse) will p child would be requir- ildren who meet eithe dren if they will be bor you provide more th 1, 2022 and June 30 al and dental care, pa or any household men gram at a postsecond e siblings/children i	provide ned to provide to provide the series of these ned to the series of the series	nore than half their support between July 1, ovide your information if they were completing se standards, even if they do not live with you. the school year. their support, and you will continue to support includes money, gifts, loans, of college costs, etc.). Please do not include to will be enrolled at least half time, in a cational institution any time between July 1,
Name	Relationship to Applicant	Age	2022 - 2023 College Name (if applicable)
By signing this Verification Statement complete to the best of my knowledge			n reported on this form is true and das a United States tax exemption by
anyone else (other than a spouse) in information provided on this form.	2020. If asked, lag	ree to s	
Student Signature	Date	Phone	Email