

**2019 - 2020 INDEPENDENT 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 2019 - 2020 Free Application for Federal Student Aid (FAFSA). **Review the following instructions carefully before completing this form. Please complete all sections.**

List the people you (and your spouse) will support between **July 1, 2019 and June 30, 2020.**

Include:

- Yourself
- Your spouse (if married)
- Your children if you (and if married, your spouse) will provide **more than half** their support between July 1, 2019 and June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you. You may include any unborn children if they will be born during the school year.
- Other people if they live with you, you provide **more than half** their support, **and** you will continue to provide this support between July 1, 2019 and June 30, 2020 (support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.). Please do not include foster children.
- Include the name of the college for any household member 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, 2019, and June 30, 2020. **Exclude siblings/children in Running Start.**

**Please complete all fields for each person. Attach an additional sheet if necessary.**

Name	Relationship to Applicant	Age	2019 - 2020 College Name (if applicable)
	Self		SPU

**By signing this Verification Statement, I attest that all information reported on this form is true and complete to the best of my knowledge and that I was not claimed as a United States tax exemption by anyone else (other than a spouse) in 2017. If asked, I 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