

2016-2017 PARENT HOUSEHOLD SIZE VERIFICATION FORM

Student's Last Name: _____

Student's First Name: _____ Student's Middle Initial: _____

Student's 9-digit UCR ID #: _____

Household Information:

List the people your parents will support between July 1, 2016 and June 30, 2017.

Include:

- your parents and yourself, even if you do not live with your parents.
- your parents' other children if parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017.

Note: Students over age 24 (born before January 1, 1992 and/or graduate students should not be listed unless your parent(s) will continue to provide more than half of their support from July 1, 2016 through June 30, 2017. **(Complete and attach the Verification of Support of Household Member to verify that parents' did/will provide over 50% of support).**

Include other people as part of your parents' household only if:

- they now live with your parents and your parents provide more than half of their support
AND
- your parents will continue to provide more than half their support from July 1, 2016 through June 30, 2017. **(Complete and attach the Verification of Support of Household Member to verify that parents' provided over 50% of support).**

Write the names of all household members, as directed above. Also write in the name of the college for any household member, who will be attending college **at least half-time** between July 1, 2016 and June 30, 2017, and will be enrolled in a program that leads to a college degree or certificate. **Don't list the college(s) your parent(s) will attend.**

Full Name	Age	Relationship to Student	College attending in 2016-2017	Units Enrolled in 2016-17
Student		Self	U.C.R.	

By signing this worksheet, I/we certify all the information reported above to qualify for federal student aid is complete and correct.

Parent's Signature: _____ Date: _____

OFFICE USE ONLY:

<input type="checkbox"/> Form reviewed/No action required <input type="checkbox"/> Family size adjusted from _____ to _____ <input type="checkbox"/> Excluded family member over 24 <input type="checkbox"/> Excluded family member in graduate school <input type="checkbox"/> Excluded other individual(s) not part of the family <input type="checkbox"/> Other: _____	<input type="checkbox"/> Number in college adjusted from _____ to _____ <input type="checkbox"/> Follow up for more documentation <input type="checkbox"/> Posted Initials _____ Date _____
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