Aquinas College Financial Aid Office, Hruby Hall
1700 Fulton St. E, Grand Rapids, MI 49506
Ph: 616.632.2893 • Fx: 616.732.4547 • financialaid@aquinas.edu

2020-2021 Household Size Verification Worksheet

Student Name: _____ **Student ID Number:** _____

Please list below the names and ages of all the members of your household during the 2020-21 academic year. Please also indicate which family members (EXCLUDING parents) will be enrolled in college at least half-time during 2020-21, and the college they are attending.

Independent Students: List below the people in the student's household; include **(a) yourself**, your spouse if married; **(b) your children**, if you will provide more than half of their support from July 1, 2020 through June 30, 2021 (even if a child does not live with the student); and **(c) other people** if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Dependent Students: List below the people in your parent's household; include **(a) yourself, your parent(s)** (include stepparent) even if you don't currently live with them; **(b) your parents' other children** (even if they don't live with your parents) if your parents will provide more than half of their support from July 1, 2020 through June 30, 2021 or if they would be required to provide parental information if they were completing a FAFSA for 2020-21; and **(c) other people** if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Full Name	**Age**	**Relationship**	**College attending in 2020-21** (*EXCLUDE PARENTS*)
Example: Sally Jones	*41*	*Mother*	
		Self/student	Aquinas College

We must review the requested information, under the Federal regulation (CFR Title 34 Part 668). If there are differences between your application information and your financial aid documents, our office may need to make corrections to your FAFSA.

By signing this worksheet, I/we certify that all the information reported is complete and correct.
***Warning**: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.*

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please return the completed and signed form to the Financial Aid Office by mail or in person. Our contact information is listed at the top of this form. Return this form as soon as possible so that your financial aid will not be delayed.