



**2018/19 Springfield College
Verification of Household Size**

Name _____ Student ID# _____

Household Family Member Information

List everyone declared as household members on your 2018/19 Free Application for Federal Student Aid (FAFSA). If they will be enrolled in college during the 2018/19 school year, please include that information *as well*.

Include yourself and:

Your **spouse**, if married on the day you filed your 2018/19 FAFSA

Your **children**, if they will receive more than half of their support from you from July 1, 2018, through June 30, 2019.

Other persons who live with you, receive more than half their support from you, and will receive more than half support from you through June 30, 2019.

** Dependent students - list parent(s) household information and have parent sign and date also.*

You must include the age & relationship of each household member.

NAME	Relationship to student	Age	Are they in college?	If yes, Name of College <i>(If no, leave blank)</i>	If enrolled: Full time or part time
	<i>self</i>		Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		
			Y N		

Student signature

Date