



**2023/24 Verification of Household Size**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Household Family Member Information**

List **all** the people that your parent(s) will support between July 1, 2023 and June 30, 2024. **Include yourself**, your **parent(s)**, your parent(s)' other dependent children if they provide more than half of their support, and other people only if they receive more than half of their support from your parent(s). Use additional page if necessary.

**Note:** If biological/adoptive parents are divorced/separated, you should be providing information on the parent with whom you live with (custodial parent). If your custodial parent has remarried, we need your stepparent's information as well. In this situation, the proper marital status of your parent is married.

If your legal parents (biological and/or adoptive) are not married to each other and live together, you must provide information on both of them.

Same sex couples who were married in a jurisdiction that recognizes same sex marriage should report their marital status as "married" on this form, as well as on the FAFSA.

Provide the name of the college for family members who will be enrolled in a degree, diploma, or certificate program **AT LEAST HALF-TIME** during the 2023-2024 academic year. Please complete all areas. **Remember:** parent(s) attending college are not counted in the total number of family members in college.

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
	self		Y N		
			Y N		
			Y N		
			Y N		
			Y N		

\_\_\_\_\_  
Student signature (wet signature required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (wet signature required)

\_\_\_\_\_  
Date

Mail to: **Springfield College, Financial Aid Office**  
**263 Alden Street, Springfield, MA 01109**  
 Phone: 413-748-3108 Fax: 413-748-3462  
**OR** upload this document through your **My Financial Aid** account