

# HOUSEHOLD SIZE AND NUMBER IN COLLEGE VERIFICATION

**Academic Year 2008-2009**

Office of Enrollment Services  
University of Rhode Island  
Green Hall, 35 Campus Avenue  
Kingston, RI 02881-1303  
Phone: 401-874-9500

**CAUTION! Failure to complete this form accurately may result in an adjustment to your financial aid eligibility and financial aid awards. Be sure you add the required signature(s) to SECTION C. Certification.**

## SECTION A. Household members' criteria

Please list all family members or any other people who belong to your household, including yourself, in SECTION B. Household member listing below, using these criteria:

- **Dependent students:** List the people whom your parents will support between July 1, 2008, and June 30, 2009, including:
  - **Yourself** (in the field marked "Your name" in Section B)
  - **Parent(s) and/or stepparents** if your parents are both living and married to each other (not separated), list both. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent if a parent has remarried.
  - **Parents' dependent children** if your parent(s) provides **more than half** of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.
  - **Other people** if any other person lives with and receives **more than half** of her/his support from your parent(s) and will continue to receive **more than half** of her/his support from your parent(s) during the time period above.
- **Independent students:** List the people whom you and your spouse will support between July 1, 2008, and June 30, 2009, including:
  - **Yourself** (in the field marked "Your name" in Section B)
  - **Your spouse**
  - **Your dependent children** if you and your spouse provide **more than half** of the support of any dependent children.
  - **Other people** if those people live with and receive **more than half** of their support from you (or your spouse) and will continue to receive more than half of their support from you (or your spouse) during the time period above.

## SECTION B. Household member listing (To complete online, place cursor in field and type.)

1.  Based on the criteria given in the directions above, how many people live in your household (if you have independent status) or your parent's household (if you have dependent status)? Include yourself in the total number. List each person below.
2.  How many household members (excluding parents) are or will be enrolled in a postsecondary degree or certificate program at least half time between July 1, 2008, and June 30, 2009? **For any household member that you have included in this total number, provide below the institution s/he will attend, along with the degree each person is seeking.**

Your name (last, first, middle initial)	Student ID number	Date of birth	
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	

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**SECTION B Household members listing (continued)**

Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	
Name (last, first, middle initial)	Student ID (if applicable)	Age	Relationship to you (the student)
Name of institution	Degree or certificate	Terms of enrollment (Check all that apply.) <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> summer	

**SECTION C. Certification**

Please provide your signature and, if you are a dependent student, the signature of a parent. By providing your signatures, you are certifying that all of the information contained on this form is complete and correct.

Student signature (required)	Date
Parent signature (required for dependent students)	Date