2007-2008

HOUSEHOLD SIZE & NUMBER IN COLLEGE VERIFICATION

===================================================================

Student’s Name ___________________________________ SS/UWG ID#____________________________

AVOID FURTHER PROCESSING DELAYS

✓ Complete the entire form: Sections I, II, and III.
✓ Initial where you have crossed out.
✓ Sign the certification statement.

DEPENDENT STUDENTS:

✓ If both parents are living and are married to each other: answer the questions on the entire form about them.
✓ If parents are divorced or separated: Answer the questions on this form about the parent you lived with most in the past 12 months. If you did not live with one parent more than the other in the past 12 months, answer in terms of the parent who provided you the most financial support during that time.
✓ If parent is widowed or single: Answer questions on this form about the surviving parent - do not include information about the deceased or absent parent.
✓ Grandparents and guardians cannot substitute for parents. Please contact our office for assistance.
✓ If you have a step-parent: If the parent above has married, or remarried, you must include information about your step-parent, even if they were not married in 2006. If you are answering questions about your step-parent, note that whenever we say "parents" on the rest of this form, we also mean your step-parent.
✓ Parent and student sign certification statement below.

I. Marital Status:

Check what your marital status and your parents’ marital status (if dependent) was when you signed your application for federal student aid (FAFSA).

Student: Single___ Married/Remarried___ Divorced/Separated___ Widowed___
Parent: Single___ Married/Remarried___ Divorced/Separated___ Widowed___

If a marital status change has occurred since the day you completed your original FAFSA, give the date and briefly explain the reason:
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

II. Household Size & Number in College:

Read the instructions below and complete the chart according to your dependency status. List the names, social security numbers and ages of all the people supported or will support from July 1, 2007 and June 30, 2008.

INDEPENDENT STUDENTS: Include yourself and your spouse. Include your children and others if they meet the following criteria:
✓ they now live with you, and
✓ they now get more than half of their support from you, and
✓ they will continue to get this support between July 1, 2007 and June 30, 2008

DEPENDENT STUDENTS: Include your parents and yourself. Include parents' children and others if they meet the following criteria:
✓ they now live with your parents, and
✓ they now get more than half of their support from your parents, and
✓ they will continue to get this support, between July 1, 2007 and June 30, 2008.

*Support includes money, gifts, loans, housing, food, clothes, car, medical/dental, payment of college costs, etc
If members of your household will attend college at least half-time per semester between July 1, 2007 and June 30, 2008, write the name of the college. Half time for undergraduate student is 6 hours per semester and 5 hours per semester for graduate students. Social Security Numbers will be used to verify enrollment. **Do not list colleges for parents.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security Number</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College/Post-secondary School person will attend From 7/1/07 to 6/30/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**III. Certification Statement:**

"I declare all information on this form is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid funds received due to inaccurate, false or misleading information provided on this form and/or any other documents submitted, including tax returns and W-2s."

Student's Signature _____________________________  Date__________________

Spouse's Signature _____________________________  Date__________________

(Required if married)

Parent's Signature _____________________________  Date__________________

(Required if dependent)

Note: **Do not leave any blanks or this form will be returned to you.** If you need assistance please contact our office at (678) 839-6421.