



Office of Student Aid  
 314 Shields Building  
 University Park, PA 16802

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 Studentaid.psu.edu

## Verification of Student Household Size

**Student Name:** \_\_\_\_\_ **PSU ID:** \_\_\_\_\_

We need to verify how many people will be in your household between July 1, 2020 and June 30, 2021. When reporting household size:

List the people for whom you (the student) and your spouse (if applicable) will provide more than 50 percent support between July 1, 2020 and June 30, 2021. Indicate if the person is attending college at least half-time in 2020-21 in a degree or certificate program. Attach a separate sheet if necessary.

### 1. Student/Spouse

Include yourself and your spouse, if you were married on or before the date you signed your FAFSA.

| Full Name | Age | Relationship to Student | Name of College* | Attending at Least Half-Time?                               |
|-----------|-----|-------------------------|------------------|---|
|           |     | Student                 |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|           |     | Spouse                  |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

\*Only list college for those who will be enrolled between July 1, 2020 and June 30, 2021. If they are undecided, list first choice college.

\*\*Half-time is typically 6 credits for undergraduate students and 5 credits for graduate students. This information is for the 2020-21 academic year and the student must be in a program that leads to a degree or certificate.

### 2. Your Children

Include your children or your spouse's children if you (or your spouse) will provide more than half of the children's support from July 1, 2020 through June 30, 2021, even if the child does not live with you

| Full Name of Family Members in the Household | Must List Age (If 24 or Older – Please also list in section 3) | Relationship to Student | Name of College* | Attending College at Least Half-Time?**                     |
|--|--|-------------------------|------------------|---|
|  |  | Child                   |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  | Child                   |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |  | Child                   |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

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### 3. Others Living with You

List other people who live in the household and indicate whether or not you (and your spouse, if married) provide more support for each person than the combined total they receive from all of the following resources:

- Work income (employment)
- Financial aid, including loans
- Government assistance (SNAP, SSI, federal housing)
- Unemployment Compensation
- Child Support / Foster Care Payments
- Savings accounts
- Social Security benefits
- Interest income
- Temporary Assistance for Needy Families (TANF)
- Welfare
- Money from others
- Worker's Compensation
- Income from any other source

(Examples: student's girlfriend, student's boyfriend, family friend, aunt, grandparent, etc.)

#### Others' Information

| Full Name of Family Members in the Household | Age | Relationship to Student | Does This Person Receive More Support from you/your spouse than they receive from all other sources listed above | Name of College* | Attending College at Least Half-Time?**                     |
|--|-----|-------------------------|--|------------------|---|
|  |     |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |     |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  |     |                         | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

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#### Handwritten student signature required.

By signing this document, I/we certify that all the information reported on it is complete and correct. If I/we purposely give false or misleading information on this document, it will be cause for denial or repayment of student aid and I/we may be fined, be sentenced to prison, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_