**2018-2019 Verification of Household Size – Independent**

Student Name: Student ID:

Our office has a question regarding an individual that you reported in your household size for the **2017-2018** award year.

This information will be used to determine if you can include this person in your household size. Please be advised that for people other than your children or a spouse to be considered in the household, you must provide **more than 50% of that person’s support** and **must continue to provide this support through June 30, 2018.**

Name:

Age:

Relationship: For minor children, does you have legal custody or guardianship? Y or N

(**If you answer yes to this question, please attach proof of custody. If you do not have legal custody or guardianship, please attach**

**a statement from the parent acknowledging that you are providing more than 50% of the child’s support and detailing how long**

**they will remain in your parent(s) household.)**

Does this person currently live in a home you own, rent or lease? \_ . If so, how long will they remain in you or your parents(s) household?

Please provide the information requested below:

|  |  |
| --- | --- |
| **Expenses for the Entire Household** | **Yearly Cost** |
| 1) Rent/Mortgage | $ |
| 2) Utilities and cable | $ |
| 3) Telephone/Cell | $ |
| 4) Groceries | $ |
| 5) Other (specify) | $ |
| 6) Total household Expenses (Add lines 1 through 6) | $ |
| 7) Total Number of person who lived in household |  |
| **Expenses for the Person You Supported**8) [Each person’s part of household expenses (line 6 divided by line 7)] | $ |
| 9) Clothing | $ |
| 10) Education | $ |
| 11) Medical/Dental | $ |
| 12) Transportation | $ |
| 13) Other (specify) | $ |
| 14) Total cost of support for the year (add lines 8 through 13) | $ |
| **Funds Belonging to the Person You Supported** |  |
| 15) Earnings from work | $ |
| 16) Social Security/Disability/Pension Payments | $ |
| 17) Savings and other income sources | $ |
| 18) Total Resources of Person You Support (Total of lines 15 through 17) | $ |
| 19) Amount of Total Resources on ***line 18*** the person used for own support | $ |

**Student’s Signature: Date:**

**Parent’s Signature: Date:**