

**FINANCIAL AID**

**2019-2020 Verification of Household Size & Number in College**

Please fill in and sign this form. If you are a dependent student, at least one parent must sign this form as well. If you need more space, attach a separate page. Contact the Financial Aid Office if you have questions about completing this document. In order to avoid delaying your financial aid determination, this completed verification form should be submitted to the financial aid office as soon as possible.

**Instructions for dependent students:**

- List the people in your *parent's* household. Include:
- Yourself and your parent(s) (including a stepparent) even if you don't live with your parents – If your parents are currently separated or divorced, then list only the parent whose information you provided on the FAFSA.
  - Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, or (b) the children would be required to provide parent information on the FAFSA.
  - Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

**Instructions for independent students:**

- List the people in *your* household. Include:
- Yourself and your spouse. If you are currently separated from your spouse, then do not list your spouse.
  - Your children (if you and your spouse will provide more than half of their support from July 1, 2019 through June 30, 2020. Include all of your children who meet this standard, even if they do not live with you.
  - Other people living with you if you and your spouse provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

**Number in College:** Any household member who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible postsecondary institution between July 1, 2019 and June 30, 2020. Include the name of the college.

**A. Student Information**

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	MCC ID #	Phone #

**B. Household Information**

Full Name	AGE	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Middlesex County College	

**C. Certification and Signatures**

*By signing this form, I (we) certify that all information reported on this worksheet is complete and accurate. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.*

_____	_____	_____	_____
Student Signature	Date	Parent Signature (required if dependent)	Date