



WORCESTER
S T A T E
UNIVERSITY

Financial Aid
Phone: 508-929-8056
Fax: 508-929-8194

NAME: _____

ID#: _____

FAC21HHI

2021/2022
HOUSEHOLD SIZE VERIFICATION for Independent Students

Number of Household Members: List below the people in the student's household. Include:

- Yourself
- Your spouse, if you are married.
- Your children if you will provide more than half of their support from July 1, 2021, through June 30, 2022, even if they do not live with you.
- Other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.

Number in College: Always count yourself as a college student. Do not include family members who are in U.S. military service academies. Include others only if they will attend, at least half-time in 2021-2022, a program that leads to a college degree or certificate.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship to You	College	Will be enrolled at least ½ time? (Yes or No)
		Self	Worcester State U	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

I/we certify that the above information is complete and correct. Do not leave any blanks. If not complete this form will be returned to you.

SIGNATURE(student) _____ DATE: _____