



# ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services

180 Remsen Street Brooklyn, NY 11201

Phone: 718-489-5255

fax 718-643-0076 Email: [sfs@sfc.edu](mailto:sfs@sfc.edu)

## 2017-2018 Household Size Verification

### Student's Information

_____ Student's Last Name	_____ First Name	_____ M.I.	_____ Student's Identification (ID) Number
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City State Zip Code			_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

Your application has been selected for verification of household size. You are required to complete all appropriate sections of this form and submit it to KSU Office of Student Financial Aid with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

Write all the names of all household members in the space(s) below. Also, write in the name of the college for any household member who will attend at least half time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program. Dependent students should not count their parent(s) as a college student. If you need more space, attach a separate page.

#### **DEPENDENT STUDENTS:**

List the people in your parent(s) household including: yourself; your parent(s) (including step-parent) even if you don't live with your parents; your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2017 through June 30, 2018; and other people who live with your parent(s) and for whom your parent(s) provide and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

#### **INDEPENDENT STUDENTS:**

List the people in your household including: yourself; your spouse if you are married; your or your spouse's children if you or your spouse will provide more than 50% of their support from July 1, 2017 through June 30, 2018; and other people if they now live with you, and you or your spouse provide more than 50% of their support and will continue to provide more than half of their support through June 30, 2018.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018, include the name of the college. If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

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.

**Certifications and Signatures**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date