

**Household Size - STUDENT
ACADEMIC YEAR 2017-2018**

Student Name: _____
(last) (first) (middle initial)

Last Four Digits of Student SSN: XXX - XX - _____ **UW Student ID #:** _____

To confirm your 2017-2018 financial aid eligibility, our office requires additional information about your household size. Please complete the information below and submit this form to our office. *Respond to all questions. Incomplete forms will not be processed and will be returned to you for clarification.*

▶▶ If the answer is zero, please indicate '0' or 'N/A'. We are not able to accept blank as an answer.

Provide the names of ALL people included in your household, their ages, their relationship to you, and the name of any accredited postsecondary educational institution they are attending at least half time anytime between 7/1/2017 and 6/30/2018. *Attach an additional sheet for more members, if needed.*

- List your children if you will provide more than half of their support from 7/1/2017 to 6/30/2018. Do not list foster children.
- Include any other people if they currently live with you and you provide more than half of their support and will continue to do so through 6/30/2018.
- If a member is enrolled in Running Start, DO NOT include the college name for that person.

Full Name of Household Member	Age	Relationship to Student	College Name	Enrolled at Least Half Time?
1.		Student	UW	N/A
2.		Spouse (if married)		[] Yes or [] No
3.				[] Yes or [] No
4.				[] Yes or [] No
5.				[] Yes or [] No
6.				[] Yes or [] No
7.				[] Yes or [] No
8.				[] Yes or [] No
9.				[] Yes or [] No
10.				[] Yes or [] No

I certify the information provided on this form is true and complete to the best of my knowledge.

Student Signature: _____ Date: _____