Verification of Household Size and Number in College

Student’s Name: _______________________________  BAC ID #: __________________

Your 2015–2016 FAFSA is selected for a review called verification process. Per Federal regulations, we are required to confirm and verify the information you reported on your FAFSA regarding Household Size and Number in College. You and a parent, if applicable, must complete, sign and date this institutional verification form. Please return this form to the Financial Aid Office via mail, fax, or email. Please note that emailed forms must be signed and dated before scanning.

☐ Dependent Student (FAFSA completed with parent data)

♦ Your parent(s) and yourself, even if you do not live with your parent(s).
♦ Your parents’ other children if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016 or (b) the children would be required to provide parental information when applying for Federal Student Aid.
♦ Other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

☐ Independent Student

♦ Yourself (and your spouse if you have one).
♦ Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016.
♦ 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, 2015 through June 30, 2016.

<table>
<thead>
<tr>
<th>Full Name of household members</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half-time (Yes or No)</th>
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<td>Self</td>
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Number in College: Please include 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, 2015, and June 30, 2016, include the name of the college.

Certification and Signature

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

________________________________________  __________________________
Student’s Signature  Date

________________________________________  __________________________
Parent’s Signature (if applicable)  Date