



Office of Financial Aid

900 N Grand Ave., Suite 61562, Sherman TX 75090

Phone: 903/813-2900 Fax: 903/813-3198 Email: finaid@austincollege.edu

CONFIRMATION OF NUMBER IN HOUSEHOLD

| | |
|-------------------------|-----------------------|
| _____ | _____ |
| (Student's Name) | (Date) |
| _____ | _____ |
| (Address) | (Austin College ID #) |
| _____ | <u>2020-21</u> |
| (City, State, Zip Code) | (Academic Year) |

Your 2020-21 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. We ask that you confirm your number in household below. This form must be signed by the appropriate parties based on your dependency status. Submit this form to the Office of Financial Aid. For your convenience, you may send via fax to (903) 813-3198 or send as an e-mail attachment to finaid@austincollege.edu.

Please provide your household information below based on your dependency status:

Dependent Students: List below the people in your household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parents(s) will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the other children would be required to provide parental information if they were completing a FAFSA for 2020-2021. Include children who meet either of these standards even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Independent Students: List below the people in your household. Include:

- Yourself and your spouse, if applicable.
- Your children, if any, if you will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the child would be required to provide your information if they were completing a FAFSA for 2020-2021. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

List the people in your household:

| Full Name | Age | Relationship to You |
|------------------------------|-----|-------------------------------|
| <i>Marty Jones (example)</i> | 28 | <i>Wife</i> |
| | | Self (you the student) |
| | | |
| | | |
| | | |
| | | |

By signing this form, I (we) certify that the information given on this form is accurate and true. I (we) understand that giving false or incomplete information may result in the loss of financial aid eligibility.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(if student is dependent)

Spouse's Signature: _____ Date: _____
(if student is married)