



**Office of Financial Aid**

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## CONFIRMATION OF NUMBER IN HOUSEHOLD

_____	_____
(Student's Name)	(Date)
_____	_____
(Address)	(Austin College ID #)
_____	<u>2022-23</u>
(City, State, Zip Code)	(Academic Year)

Your 2022-23 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.

**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, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. 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, 2023.

**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, 2022, through June 30, 2023, or if the child would be required to provide your information if they were completing a FAFSA for 2022-2023. 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, 2023.

**List the people in your household:**

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

**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)