



## Household Size and Number in College Verification

## Academic Year 2020-2021

Failure to complete this form accurately may result in an adjustment to your financial aid eligibility and financial aid awards. Be sure you add the required signature(s) to the Certification section.

### Return this completed form to:

Office of Financial Aid & Scholarships  
University of Minnesota Crookston  
4 Hill Hall  
2900 University Ave  
Crookston MN 56716

### Questions?

Ph: 800-862-6466  
Ph: 218-281-8550  
Fax: 218-281-8579  
[umc-fa@umn.edu](mailto:umc-fa@umn.edu)

Household members' criteria		
Please list all family members or any other people who belong to your household, including yourself, in the Household member listing below, using these criteria:		
<b>Dependent students:</b> List the people whom your parents will support between July 1, 2020, and June 30, 2021, including:		
<ul style="list-style-type: none"> <li>• <b>Yourself</b> (in the field marked "Your name")</li> <li>• <b>Parent(s) and/or stepparents</b> if your parents are both living and married to each other (not separated), list both. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents are divorced or separated, list the parent with whom you lived with more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the stepparent if a parent has remarried.</li> <li>• <b>Parents' dependent children</b> if your parent(s) provides <b>more than half</b> of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.</li> <li>• <b>Other people</b> if any other person lives with and receives <b>more than half</b> of her/his support from your parent(s) and will continue to receive <b>more than half</b> of her/his support from your parent(s) during the time period above.</li> </ul>		
<b>Independent students:</b> List the people whom you and your spouse will support between July 1, 2020, and June 30, 2021, including:		
<ul style="list-style-type: none"> <li>• <b>Yourself</b> (in the field marked "Your name")</li> <li>• <b>Your spouse</b> (if you are married)</li> <li>• <b>Your dependent children</b> if you and your spouse provide <b>more than half</b> of the support of any dependent children.</li> <li>• <b>Other people</b> if those people live with and receive <b>more than half</b> of their support from you (or your spouse) and will continue to receive more than half of their support from you (or your spouse) during the time period above.</li> </ul>		
Household member listing		
<ol style="list-style-type: none"> <li>1. Based on the criteria given in the direction above, how many people live in your household (if you have Independent status) or your parent's household (if you have Dependent status)? Include yourself in the total number. List each person below.</li> <li>2. How many household members (excluding parents) are or will be enrolled in a postsecondary degree or certificate program at least half time between July 1, 2020, and June 30, 2021? <b>For any household member that you have included in this total number, provide below the institution they will attend, along with the degree each person is seeking.</b></li> </ol>		
Your full name	Student ID Number	Birthdate
Name of institution University of Minnesota Crookston	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
Full name	Relationship to you (the student)	Birthdate
Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer

<b>Full name</b>	Relationship to you (the student)	Birthdate
Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
<b>Full name</b>	Relationship to you (the student)	Birthdate
Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
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Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
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Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
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Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
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Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
<b>Full name</b>	Relationship to you (the student)	Birthdate
Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer
<b>Full name</b>	Relationship to you (the student)	Birthdate
Name of institution currently enrolled at	Degree or certificate	Terms of enrollment (circle all that apply) fall    spring    summer

<b>Certification</b>	
<b>Please provide your signature and, if you are a dependent student, the signature of a parent. By providing your signatures, you are certifying that all of the information contained on this form is complete and correct.</b>	
Signature (required)	Date Signed
Parent signature (required for dependent students only)	Date Signed