

**Suffolk University**  
**Office of Financial Aid**  
 41 Temple Street  
 Boston, MA 02114  
 617-573-8470 / 617-720-3579 (fax)

**2008– 2009**  
**Verification of Household Size / Number in College**

**Student's Name:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

In order to verify the information reported on your FAFSA and/or your Suffolk University financial aid form regarding household size and/or number in college for the 2008-2009 academic year, please complete this form. Include the necessary information based on your dependency status.

\_\_\_\_ According to the information reported, you are a *dependent student*. List all the members of your **parents' household** they will support between July 1, 2008 and June 30, 2009. Please include yourself, your parent(s)\* and any other dependents who live with your parent(s) and receive at least 50% of their support from your parent(s). If a sibling will be enrolled in college for 2008-2009, be sure to include his/her date of birth and indicate if he/she will be enrolled in an undergraduate or a graduate program for 2008-2009.

**\* If biological parents are divorced or separated, please list the custodial parent. If custodial parent has remarried, please include stepparent and all stepsiblings who reside in the household and are supported at least 50 %.**

\_\_\_\_ According to the information reported, you are an *independent student*. List all the members of **your household** that you will support between July 1, 2008 and June 30, 2009. Please include yourself, your spouse, your children, and any other dependents who live with you and receive 50% of their support from you.

<i>Name</i>	<i>Age</i>	<i>Date of birth</i>	<i>Relationship to student</i>	<i>College attending 2008-09 (must be enrolled at least 1/2 time in a degree, diploma or certificate program)</i>	<i>Indicate whether the person enrolled in college will be enrolled in an undergraduate or a graduate program during 2008-09</i>

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Parent must sign if student is dependent.)