

**Independent Student 2015-2016  
Household Size & College Enrollment Statement**

UFID \_\_\_\_\_ - Student's Name \_\_\_\_\_

Please provide information on your household size AND the members of the household who will be enrolled in college during the 2015-2016 school year.

Include in your household:

- 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 one-half of their support, and will continue to do so from July 1, 2015 through June 30, 2016.

List additional family members on reverse side if necessary.

**HOUSEHOLD SIZE**

Name	Relationship to the student	Age
1.	<i>STUDENT APPLICANT</i>	
2.		
3.		
4.		
5.		
6.		

**COLLEGE ENROLLMENT**

- Include others that are in the household if they will attend, at least half-time in 2015-2016, a program that leads to a college degree or certificate.
- Each school listed must be eligible to participate in any of the federal student aid programs.

Name	College Name, City & State	Class & College (Major)
1. <i>STUDENT APPLICANT</i>	University of Florida, Gainesville, FL	
2.		
3.		

*I certify under penalty of perjury that the information listed above is correct and complete to the best of my knowledge.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SFA USE ONLY**

IHSZ _____
ICOL _____

UFID \_\_\_\_\_ 5 50

Name \_\_\_\_\_