



Student's Last Name: _____ First and Middle Names: _____

Student's UNC Personal ID: -

2016-2017 STUDENT'S HOUSEHOLD SIZE CERTIFICATION FORM

- Please verify your (and your spouse's) household size and number of family members in college. You must do so before your financial aid application can be processed.
- Please provide the requested information, sign the Certification Statement, and return this form within two weeks of receipt.

- I. Please provide information for all persons who will be supported by you (and your spouse) during the period of July 1, 2016 through June 30, 2017.
- Include yourself, your spouse, and all your children for whom you and/or your spouse provide more than half their support. [Do not include children for whom you pay child support if those payments are listed on the FAFSA.]
 - Include other people only if they now live with you, receive more than half of their support from you, and will continue to do so from July 1, 2016 to June 30, 2017.

	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Occupation/Employer</u>
1)	Student applicant			Self	Student
2)	_____				
3)	_____				
4)	_____				
5)	_____				

- II. Please provide college enrollment information for those family members listed above.

- Include information only for family members who are enrolled at least half-time and are working toward a degree or certificate leading to a recognized education credential. They must be attending a college that is eligible to participate in federal student aid programs.
- Enrollment of family members in college is subject to verification by the student aid office.

	<u>Name</u>	<u>School or College Attended in 2016-2017</u>	<u>Name of Degree or Certificate Program</u>
1)	Student applicant	UNC-Chapel Hill	
2)	_____		
3)	_____		
4)	_____		

Certification Statement

I (we) certify that the information provided on this form is complete and correct to the best of my (our) knowledge. I (we) agree that, if requested, we will provide information to document the reported family size and number of family members in college.

Signature of Student _____ Date _____

Signature of Student's Spouse _____ Date _____