

2008 - 2009 Household Size and Number in College Verification of Dependent Students

Student Name (please print)

UB Person Number

1. List the people in your household whom your parent(s) will support between July 1, 2008 and June 30, 2009.

- Include your parent(s) and yourself.
- Include your parent's other children if they receive more than half their support from your parent(s), or if they would be required to provide parental information when applying for Title IV Federal student aid in 2008-2009.
- Include other people only if they now live with and receive more than half their support from your parent(s) and will continue to receive this support between July 1, 2008 and June 30, 2009.

2. List the university/college attending in 2008-2009.

- Include any of the people in the household who will be enrolled at a university/college for at least 6 credit hours in at least one academic term, or 12 clock hours per week for a part or all of the academic year during the period from July 1, 2008 to June 30, 2009, **excluding your parents' university/college.**
- Do not include any of your family members who are unsure whether or not they will be attending a university/college during this period. If they subsequently decide to enroll, please notify Student Academic Records & Financial Services. You may be required at a later date to provide documentation verifying that other family members are enrolled. If there are more than five members in your household, list them on a separate sheet.

LIST THE NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING YOUR PARENTS	AGE	RELATIONSHIP TO STUDENT	UNIVERSITY/COLLEGE ATTENDING IN 2008-2009 (excluding parents' university/college)
STUDENT NAME:		Self	SCHOOL: University at Buffalo
NAME:			SCHOOL:
NAME:			SCHOOL:
NAME:			SCHOOL:
NAME:			SCHOOL:

I (We) certify that all information provided in this document is true, complete and accurate to the best of my (our) knowledge. I (We) further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I (We) have provided.

Student Signature

Date

Parent Signature

Date

RETURN FORM TO:

Student Academic Records & Financial Services - Financial Aid, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260-1631
(716) 645-2450, Toll free: 866-838-7257, FAX: (716) 645-7760, E-mail: src@buffalo.edu