

2016-2017 Household Size Number in College Form



Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Student Name: _____ UIN: _____
Last First MI (University Identification Number)

Permanent Address: _____ Telephone: (____) _____
Street City State Zip

Dependent Student:

List the names of all the members in your parent's household in the chart below, including:

- Yourself, even if you don't live with your parent(s)/stepparent, and;
- Your parent(s)/stepparent, and;
- Your parent(s)/stepparent's other children, if they will receive more than half of their support from your parent(s)/stepparent from July 1, 2016 through June 30, 2017, and;
- Other people if they now live with your parent(s)/stepparent, and they provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Independent Student:

List the names of all household members in the chart below, including:

- Yourself, and your spouse (if married), and;
- Your children/stepchildren, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, and;
- Other people if they now live with you, you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

In the chart below please list the name, age, and relationship to the student of each person in your household. If any members of your household, other than your parent(s)/stepparent, will be enrolled in a degree, diploma or certificate program please include that under Name of college.

Full name of person in household	Age	Relationship to student	Name of college <i>(Do not include parent(s)/stepparent in college if attending)</i>
1.		Self	University of Illinois at Urbana-Champaign
2.			
3.			
4.			
5.			
6.			
7.			

Check this box if there are more than seven family members in your household and attach a list of these people.

I certify that ALL of the information on this form is complete and correct.

UIN (Number on I-Card or Admissions Letter)

Print Name

Student Signature _____
Date

Parent Signature (Required for dependent students) _____
Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Documents may be faxed to (217) 265-5516 or mailed to the address at the top of this letter. You will be able to view receipt of faxed documents online within three business days and receipt of mailed documents within one week. To check the status of submitted documents go to www.osfa.illinois.edu and click on "Check Your Status." If you have any questions, please contact a member of our counseling staff at (217) 333-0100.