UNIVERSITY of VIRGINIA
STUDENT FINANCIAL SERVICES
Financial Aid

P.O. Box 400204, Carruthers Hall, Charlottesville, VA 22904-4204
Telephone: (434) 982-6000, Fax: (434) 924-7636
Website: http://www.virginia.edu/financialaid E-mail: faid@virginia.edu

HHSZ

Household Size Form
2009-2010

Student's Full Name:_____ University ID: ☐☐☐☐-☐☐☐☐

(LEGAL NAME - PRINT) first middle last

Dependent Students
Please include:
- ·yourself
- ·your parent(s)
- ·your parents' other dependent children
- ·other people if they currently live with your parents, your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 to June 30, 2010

Independent Students
Please include:
- ·yourself
- ·your spouse
- ·your children, if you will provide more than half of their support between July 1, 2009 and June 30, 2010
- ·other people if they currently live with you, you provide more than half of their support and you will continue to provide more than half of their support from July 1, 2009 to June 30, 2010

Name of Family Member	Date of Birth	Relationship to student	Name of College, if attending at least ½ time	Degree Sought	Expected Graduation
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(If you have more than 8 family members please submit an additional sheet with this form.)

Did any family member listed above receive Social Security benefits in 2008?

If yes: Name of Family Member(s) _____ Amount Received $ _____

Did any family member listed above receive child support in 2008?

If yes: Name of Family Member(s) _____ Amount Received $ _____

CERTIFICATION STATEMENT: I certify that all information reported on this form is true and accurate to the best of my knowledge.

STUDENT'S SIGNATURE_____ Date_____

PARENT'S SIGNATURE _____ Date_____
(Required for dependent students only.)