

2019-2020 DEPENDENT HOUSEHOLD SIZE STATEMENT

IMPORTANT: Complete, sign, and submit this form to the Financial Aid Office.

PLEASE PRINT

Student's First Name	Middle Initial	Student's Last Name	Barry University Student ID#

On the Verification Worksheet, you and/or your parents listed one or more household members we do not automatically count in the household size. In order to determine whether to include the member(s), please complete, sign, and submit this form to our Financial Aid Office.

Household size information: Eligible individuals that can be included in the household size are those who live in the same house and receive, and will continue to receive, **more than 50 percent** of their total financial support from the student's parents, from July 1, 2019 to June 30, 2020.

This means the student's parents provide the majority of the costs associated with *housing, utilities, food, clothing, transportation, education, personal expenses, medical and dental insurance*. Only include those household members that meet the eligibility requirement listed above.

List below the people in your parent's household, including:

- Student
- Student's parents
- Student's parents' other children, if the parents will provide **more than half** of the children's support from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information when applying for Federal Student Aid. **Do not** include a child in the household that student's parents pay child support for.
- Other people, if they now live with the student's parents, and the student's parents provide **more than half** of their support and will continue to provide **more than half** of their support from July 1, 2019 through June 30, 2020.

Note: We may require additional documentation if we have reason to believe that the information regarding the household size is inaccurate.

- If your parents lists someone over the age of 24 on this form, you must complete Statement of Support.
- If any household member, such as a grandparent, receives benefits (social security, retirement, or food stamps) in their own name and those benefits are not reported as income on the FAFSA, please do not include those members in the household size.

Statement of Support

To be completed by the parent. Please provide the requested information below.

Full Name of Household Member	Age	Relationship to Student	Live in your home from July 1, 2019 to June 30, 2020?	Do your parents provide more than half of their support?
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No

By signing this form, I certify that all the information reported is complete and correct. For dependent students, at least one parent must sign below.

Student's Signature

Date

Parent's Signature

Date

Please send documents to the Financial Aid Office, attention: "Document Tracking".
 If you have any questions, please contact the Financial Aid Office.