

## 2019-2020 INDEPENDENT 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#
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On the Verification Worksheet, you (student) 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, from July 1, 2019 to June 30, 2020.

This means that the student provides 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 household, including:

- Student
- Student's spouse, if you are married
- Student's or spouse's children, if you will provide **more than half** of their support from July 1, 2019 through June 30, 2020
- **Do not include** a child in the household that either the student or spouse pays child support
- Other people if they now live with the student and the student provides **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 you (student) 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**

Full Name of Household Member	Age	Relationship to Student	Live in your home from July 1, 2019 to June 30, 2020?	Do you 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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (if married)

\_\_\_\_\_  
Date

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

**NOTE: After completing this form, please print it. Information typed will not be saved.**