



HOUSEHOLD SIZE FORM DEPENDENT

Student's Name: _____	UCF ID: _____
Address: _____	Date: _____
City: _____	State/Zip: _____
Parent's Name(s): _____	Phone: _____

Complete items A through D carefully. Be sure to provide complete information for each household member and enter N/A for items that do not apply. Leaving items blank on any household member can result in processing delays.

A. What was your parents' marital status as of the date you first completed the FAFSA?

Single Married Divorced Separated Widowed Unmarried and both parents living together

B. You and Your Parent(s)/Step-Parent

Full Name	Date of Birth	Relationship
		Student / Self
		Parent 1 (father, mother, stepparent)
		Parent 2 (father, mother, stepparent)

C. Your Siblings: List siblings who will receive more than half of their financial support from your parent(s) between July 1, 2020 and June 30, 2021, or are required to use parent information when completing their FAFSA.

Full Name	Date of Birth mm-dd-yyyy	Relationship	If attending college, list: College Name, City, State	Type of Degree Seeking
John Example	01/25/1996	brother	UCF Orlando, FL	BA
1.				
2.				
3.				

D. Other Dependents: List other dependents who live with your parent(s) AND will receive more than half of their financial support from your parent(s) between July 1, 2020 and June 30, 2021.

Full Name	Date of Birth mm-dd-yyyy	Relationship	If attending college, list: College Name, City, State	Type of Degree Seeking
Jane Example	01/25/1996	niece	n/a	n/a
1.				
2.				
3.				

Student's Signature

Date

Parent's Signature

Date