



HOUSEHOLD SIZE FORM

INDEPENDENT

Student's Name: _____	UCF ID: _____
Address: _____	Date: _____
City: _____	State/Zip: _____
Spouse's Name: _____	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 marital status as of the date you first completed the FAFSA?

Single Married Divorced Separated Widowed

B. You and Your Spouse (if married)

Full Name	Date of Birth	Relationship	If attending college, list: College Name, City, State	Type of Degree Seeking
		SELF/STUDENT		
		SPOUSE		

C. Your Children: List children who will receive more than half of their financial support from you (and your spouse if married) between July 1, 2019 and June 30, 2020, or are required to use your 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
<i>John Example</i>	<i>01/25/1996</i>	<i>son</i>	<i>UCF Orlando, FL</i>	<i>BA</i>
1.				
2.				
3.				

D. Other Dependents: List other dependents who live with you (and your spouse if married) AND will receive more than half of their financial support from you (and your spouse if married) between July 1, 2019 and June 30, 2020.

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

Student's Signature

Date

Spouse's Signature

Date