



2018 - 2019
Confirmation of Number in Household
Dependent Student

Date: _____
Student Last Name: _____
Phone Number: _____

Student ID: _____
Student First Name: _____
Email Address: _____

List all the people in your parent's household. You must include:

- Yourself.
- Your parent(s)/stepparents(s).
- Your parents' other children if parents will provide more than 50% of their support from July 1, 2018 through June 30, 2019, *or* if the other children are required to provide parental information if they are completing a FASFA for 2018-19.
- Other people if they now live with your parents and your parents provide more than 50% of their support and will continue to provide more than 50% of their support from July 1, 2018 through June 30, 2019.

Full Name	Age	Relationship to student	Parents support more than 50%	Name of College enrolled at least half time for 2018-2019
1.		Parent #1	N/A	N/A
2.		Parent #2 (if applicable)	N/A	N/A
3.		SELF	<input type="checkbox"/> Yes <input type="checkbox"/> No	UMass Lowell
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach a separate page, if necessary.

CERTIFICATION

By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all financial assistance.

Student Signature

Date

Parent Signature (Required for Dependent Students)

Date