



2018 - 2019
Confirmation of Number in Household
Independent Student

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

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

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

- Yourself.
- Your spouse, if married and living together.
- Your children, if you will provide more than 50% of their support from July 1, 2018 through June 30, 2019.
- Other people if they now live with and you 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. Proof of support may be required.

Full Name	Age	Relationship to student	Student supports more than 50%	Name of College enrolled at least half time for 2018-2019
1.		Self	N/A	UMass Lowell
2.		Spouse (if applicable)	N/A	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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