

INDEPENDENT
HOUSEHOLD SIZE FORM**2017-2018**

| | |
|-----------------------|------------------|
| 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, 2017 and June 30, 2018, 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>01/25/1993</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, 2017 and June 30, 2018.

| 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>01/25/1993</i> | <i>niece</i> | <i>n/a</i> | <i>n/a</i> |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Student's Signature_____
Date_____
Spouse's Signature_____
Date