



Priority Deadline
Summer: April 13, 2018
Academic Year: June 15, 2018

Financial Aid and Scholarships
A-129J Murphy Hall
Box 951435
Los Angeles, CA 90095-1435
Phone: 310-206-0400
FAX: 310 267-4143

2018-2019 HOUSEHOLD SIZE/NUMBER IN COLLEGE VERIFICATION FORM

Student Name: Last _____ First _____ UID# _____

Please check this box if you will be enrolled at UCLA for Summer 2018.

Your file has been selected for Verification of Household Size and Number in College. Please complete this form and return it to the office of Financial Aid and Scholarships. We are unable to evaluate your file until this information is received and reviewed.

Dependent Students - List your parents and their dependents for the 2018-19 academic year. Include yourself, your parents, and your parents' other dependent children. Include other people only if they live with and receive at least half of their support from your parents during the entire period from 07/01/18 to 06/30/19. If you are including people other than immediate family members, please include a statement explaining the reason and extent to which your parents support the individual(s).

Independent Students - List your dependents for the 2018-19 academic year. Include yourself, your spouse, and your dependent children. Include other people only if they will live with and receive at least half of their support from you during the entire period from 07/01/18 to 06/30/19.

*College must be eligible to participate in Title IV programs. Please do not abbreviate the name of the college.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/18)	NAME OF ELIGIBLE COLLEGE* ATTENDED AT LEAST HALF TIME DURING 18-19	GRADUATE STUDENT? Y/N
_____	Self	_____	University of California, Los Angeles	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION STATEMENT: I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancellation of my aid and prevent me from receiving financial aid in future academic years.

Student Signature _____ Date _____

Parent Signature (if student is dependent) _____ Date _____
Electronic signatures are NOT acceptable