

<p align="center"><u>Submit form Online:</u></p> <p>Log on to your www.myucla.edu account. Under the Finances and Jobs tab select "Awards and Notices" and upload your forms through Document Tracking</p>	<p align="center"><u>Submit form via Fax:</u></p> <p>Fax: 310-267-4143 Attention: UCLA Financial Aid and Scholarships</p>
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2019-2020 HOUSEHOLD SIZE/NUMBER IN COLLEGE VERIFICATION FORM

Student Name: Last _____ First _____ UID# _____
 Check this box if you plan to enroll for Summer 2019 (a separate Summer Aid Application is Required)

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 - (1) List yourself (2) your parents/step-parent (if custodial parent has remarried, please include step-parent) and (3) your parents/step-parents dependent children (your brothers and sisters) for the 2019-20 academic year. You can include other people only if they live with and will receive at least half of their financial support from your parents during the entire period from 07/01/19 to 06/30/20. You must include a statement explaining the reason and extent to which your parents support the individual(s).*

Independent Students - (1) List yourself (2) your spouse (if married) and (3) your dependent children for the 2019-20 academic year. You can include other people only if they live with and will receive at least half of their financial support from you during the entire period from 07/01/19 to 06/30/20. You must include a statement explaining the reason and extent to which you support the individual(s).*

*Please note: You may be required to submit additional documentation.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/19)	NAME OF ELIGIBLE COLLEGE** ATTENDED AT LEAST HALF TIME DURING 19-20	GRADUATE STUDENT? Y/N
_____	Self	_____	University of California, Los Angeles	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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