

**2021-2022 HOUSEHOLD SIZE/NUMBER IN COLLEGE VERIFICATION FORM**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ UID# \_\_\_\_\_

**Check this box if you plan to enroll for Summer 2021** (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** - Include (1) yourself, (2) your parents/step-parent (if custodial parent has remarried) and (3) your parents/step-parents' other dependent children if parents will provide more than half of financial support from 7/1/21 to 6/30/22. You can include other people only if they live with and will receive more than half of their financial support from your parents during the entire period from 07/01/21 to 06/30/22. **You must include a statement explaining the reason and extent to which your parents support the individual(s).**\*

**Independent Students** - Include (1) yourself, (2) your spouse (if married) and (3) your dependent children for the 2021-2022 academic year. You can include other people only if they live with and will receive more than half of their financial support from you during the entire period from 07/01/21 to 06/30/22. **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 based on the information provided on your statement. If no statement is provided we may use discretion to revise the number in the household and/or college.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/21)	NAME OF ELIGIBLE COLLEGE** ATTENDED AT LEAST HALF TIME DURING 2021-2022	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

**HOW TO SUBMIT**

<p><b>ONLINE:</b> Log on to MyUCLA&gt; click Finances and Jobs tab&gt; under Financial Aid and Scholarships click&gt; View All Documents. Attach form as necessary.</p>	<p><b>FAX:</b> Fax: 310-267-4143 Attn: UCLA Financial Aid and Scholarships</p>
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