



HIGH POINT UNIVERSITY
Premier Life Skills University™

Office of Student Financial Planning

Drawer #49
One University Parkway
High Point, NC 27268
Phone (336) 841-9124; Fax (336) 841-4649
Room 100 of Roberts Hall

2020-2021 Household Size Verification Form

A. Student Information

Last Name: _____ First Name: _____ MI: _____
HPU ID: _____ Social Security Number: _____ Date of Birth: _____

B. List parent(s) the student lived with the most during the last 12 months

Parent's Full Name (First, Middle, Last)	Date of Birth

C. List household members related to student

Do not list student or parents here. The student is automatically included in household size.
Include all siblings and family members who **will receive more than half their support** from the parent(s) listed above between July 1, 2020 and June 30, 2021 and who are:
* Directly related to you or related through marriage (i.e. brother, step-sister, cousin, aunt)
* Family members receiving support who do not live with parent(s) listed above

Full Name of Household Member (receives at least 51% support)	Age	Relationship to student	Full Name of College* (Do not abbreviate, write NA if not applicable)	Enrolled at least Half- time (Y/N)**

*Only list college for those who will be enrolled between July 1, 2020 and June 30, 2021. If they are undecided, list first choice college.
**Half-time is typically 6 credits for undergraduate students and 4 credits for graduate students.

2020-2021 Household Size Verification Form (continued)

D. List other people who live with, but are not related to, the parent(s) listed and indicate which expenses are paid on their behalf

Only list people who receive more than half their support from the parent(s) above as of the date the FAFSA was completed and who will continue to be supported by them between July 1, 2020 and June 30, 2021.

Do not list siblings or anyone related to you. Examples of who to include: parent's girlfriend, student's boyfriend, family friend, etc.

Name of Unrelated Household Member	Relationship to you	Age	Food	Housing	Medical Care	Transportation	Clothing/Personal	Other*

*Other includes: life insurance, entertainment, etc.

E. Sign this Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Student Signature *(must be signed in ink)*

Date

Parent Signature *(if dependent) (must be signed in ink)* **Date**