2016–2017 Independent Student Household Size Verification

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship To You</th>
<th>Attending undergraduate college at least half-time during 2015–2016?</th>
<th>Degree Program (for example: B.S., B.A.)</th>
<th>Name of College or University family member will attend in 2015–2016?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>24</td>
<td>You – the student</td>
<td>Yes</td>
<td>B.S.</td>
<td>Loyola University Chicago</td>
</tr>
<tr>
<td>Example</td>
<td>24</td>
<td>Spouse</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6.

Certification Statement:
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature*                    Date

Spouse Signature*                     Date

*Typed and digital signatures are not acceptable