

Financial Aid Office, Health Sciences Campus
 Building 120, Room 210 2160 South First Avenue
 Maywood, IL 60153 Phone: 708.216.3227

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2020-2021 Independent Student Household Size Verification

| | |
|--|---|
| Student Name: _____ (Please print) | Loyola ID: _____ (Your 11-digit Loyola ID number begins 0000) |
|--|---|

List the number of people whom you or your spouse will support between July 1, 2020 and June 30, 2021.

Include yourself (and your spouse). Include your or your spouse’s children if the children get more than half of their support from you or your spouse. Include other people only if they now live with and get **more than half their support from you or your spouse** and will continue to get this support between July 1, 2020 and June 30, 2021. If there are more than five people, please attach a sheet listing additional family members.

(Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.)

| Full Name of Family Member | Age | Relationship To You, the Student | Attending undergraduate college at least half-time during 2020–2021? | Degree Program (for example: B.S., M.S.) | Name of College or University family member will attend in 2020–2021? |
|----------------------------|-----|----------------------------------|--|--|---|
| Jane Doe | 26 | Student | Yes | MD | Loyola University Chicago |
| John Doe | 27 | Spouse | No | N/A | N/A |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

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’s Signature*

 Date

**Typed and digital signatures are not acceptable*

