



## HOUSEHOLD SIZE WORKSHEET DEPENDENT STUDENT 2019-2020

Please fill out all applicable fields as any incomplete forms will be returned to you for completion.

STUDENT NAME: \_\_\_\_\_

Fill in the information about the people your parent(s) will support between July 1, 2019 and June 30, 2020.

DATE OF BIRTH: \_\_\_\_\_

STUDENT ID: B00\_\_\_\_\_

**Include yourself, your parent(s), and your parent(s) dependents. This includes anyone who will receive more than half of their support from your parent(s) or**

*anyone required to provide your parent(s)' information when applying for Federal Student Aid.*

Include other people only if they lived with and received more than half of their support from your parent(s) at the time you completed your FAFSA, and will continue to receive this support between July 1, 2019 and June 30, 2020.

If there are more than seven household members please attach a list of the additional members and include the information as requested below.

First Name	Last Name	Age	Relationship to you (parent, sister, etc.)	If this person will attend college half-time or more in 2019-2020, print the name of the college.
			Self	Concordia University Texas

You and at least one of your parents must sign below certifying the accuracy of the information provided on this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

If you indicated above that one or more person(s) age 24 or older, excluding your parents, reside at your residence, please complete an Income Verification Status Form for them, which can be found on our website.

Please contact your Admissions Counselor/Student Central with any financial aid questions.

Student Financial Services  
11400 Concordia University Drive  
Austin, TX 78726-4141

Student Central Phone: 1.512.313.4700  
Student Financial Services Fax: 1.512.313.1670  
Email: [financialaid@concordia.edu](mailto:financialaid@concordia.edu)