



HOUSEHOLD SIZE WORKSHEET INDEPENDENT STUDENT 2019-2020

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

STUDENT NAME: _____

DATE OF BIRTH: _____

STUDENT ID: B00 _____

Fill in the information about the people you will support between July 1, 2019 and June 30, 2020.

Include yourself, and your spouse, along with your dependent children if they will receive more than half of their support from you.

Include other people only if they lived with and received more than half of their support from you 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 (spouse, child, 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 your spouse, if married) must sign below certifying the accuracy of the information provided on this form.

Student's Signature

Date

Spouse's Signature

Date

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