



WESTERN CONNECTICUT STATE UNIVERSITY

Office of Financial Aid & Veterans Affairs

Danbury, Connecticut 06810 ~ Phone: 203-837-8580 ~ Fax: 203-837-8528

HOUSEHOLD SIZE VERIFICATION – 2008-2009

Please list below the people that you or your parent(s) will support in 2008-2009. Include your parent(s) and other dependent children (if they will receive more than half their support from you or your parent(s) or if they would be required to provide parental information when applying for federal financial aid). Include other people only if they lived with, and received more than half their support from you or your parent(s) at the time that you applied for financial aid, and will continue to get this support between July 1, 2008 and June 30, 2009. Fill in the name of the school or college only for family members who will be attending at least half- time.

Full Name of Family Member	Age	Relationship to Student	Name of School or College in 2008-2009
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Signature Date

Applicant's Student I.D. # or S.S #

Parent's Signature (if dependent student) or
Spouse's Signature (if married student)