

Center for Student Financial Planning and Services 99 Main Street Franklin MA, 02038 P. 508-541-1518 F. 508-541-1941

sfp@dean.edu

## 2023-2024 HOUSEHOLD SIZE VERIFICATION FORM

The Financial Aid Office is in verify the household informat application must be held in a	ion reporte	ed on your 2023-2024	Free Application		
Student Name:			Dean College ID#:		
Household Information					
Please read and complete the	section bel	ow:			
If you are a <b>Dependent Stude</b> • The student					
	ing their ou	irrant anauga)			
• The parent(s) (includi	•	•		C C41 :	I 1 1 2022
-	-	F your parent will prov	ide more than hai	i of their support from	n July 1, 2023
<ul> <li>through June 30, 2024</li> <li>Other people if they read will continue to read</li> </ul>	now live wi	ith the parents and the re than half of that per			he person's support
If you are an Independent Student include:  "Your spouse, if you are married.  "Your children, if any, if you will provide more than half of their support from July 1, 2023 through June 30, 2024.  "Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support from July 1, 2023 through June 30, 2024.  Full Name  Age  Relationship  College  Enrolled at least (6 or more credits)					
		self		YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
By signing this form, each p	person cer	tifies that all the info	rmation is correc	t and complete.	
Student Signature:				Date:	
Parent Signature (if dependent):				Date:	

(electronic signatures are <u>not</u> acceptable)