

Financial Aid Application Review – Household Size (Dependent)
Academic Year _____

Complete, sign, and submit this form to the VCU Office of Financial Aid as soon as possible. Be sure to provide all required documentation and clearly print your name and VCU Student Number on all attachments. Incomplete submissions will delay financial aid application processing.

Name			VCU Student Number
Last	First	MI	
Day phone			VCU Email address
()	Evening phone		_____@vcu.edu
()			

Changes to your parent’s household size and number in college cannot be made unless the change is due to an error in the original reporting on the Free Application for Federal Student Aid (FAFSA) – this is considered a correction. According to federal regulation, if the household size or number in college changes after the FAFSA has been submitted, you cannot change the numbers – this is considered an update.

1. Please complete the following table with information about your parent’s household size and number in college.
- Include only those people who your parents will support, or plan to support, between July 1st and June 30th of the academic year indicated above.
 - Include yourself and the parent(s) whose information you provided on the FAFSA.
 - Include your parent’s(s)’ other children if they receive more than half their financial support from your parent(s), or if they would be required to provide parental information when applying for federal Title IV student financial aid in the academic year indicated above.
 - Include other people only if they lived with and received more than half their financial support from your parents at the time that you filed your FAFSA.
 - Include information that was true at the time the FAFSA was submitted.

Name	Relationship	Age	College Attending at Least Half Time
Your parent: Mary Jones (example)	Mother	46	Not applicable
1. Your name: _____	Self		Virginia Commonwealth University
2. Your parent: _____			Not applicable
3. Your parent: _____			Not applicable
4. _____			
5. _____			
6. _____			

2. **Certification Statement and Signature.**
 By signing below, I certify that the information provided on this form is truthful and accurate. If I provide false or misleading information, I understand that I may be fined \$10,000, sent to prison, or both.

Student’s signature	Date
Parent’s signature (required if you are a dependent for financial aid purposes)	Date

Please submit this form to the VCU Office of Financial Aid as soon as possible. You may:		
Mail this form to: VCU Office of Financial Aid P.O. Box 843026 Richmond, VA 23284-3026	Fax this form to: (804) 827-0060	Or hand deliver this form to: 901 W. Franklin St. Shafer Court Entrance Room 107

