SOKA UNIVERSITY

2017 - 2018
Dependent Household Size Worksheet
Office of Financial Aid (VERIF)

Name (Last, First):_____ SUA ID#:_____

Date:_____ Cell Phone #:_____

You must complete all application sections. Do not leave any question or amount response blank. If a question does not apply, write "***N/A***" (for Not Applicable) where a response is requested or "***0***" if an amount is requested. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: Information About Parent(s)' Household Size & Family Members in College

1) List the people in your parent(s)' household. Please include:

- Yourself, and your parent(s) (including step-parent), even if you do not live with your parents.
- Your parent(s)' other dependent children, even if they do not live with your parent(s). List only family members that your parent(s) provide more than half of their support for **OR** family members that would be required to provide your parent(s)' information when applying for student aid. Do not include foster children.
- Other family members, only if: **(a)** they live with your parent(s), **AND (b)** your parent(s) provide more than half of their support, **AND (c)** your parent(s) will continue to provide support from July 1, 2017 through June 30, 2018.
- College information for any household member that: **(a)** will enroll in college at least half-time during the 2017-2018 academic year, **AND (b)** were born on or after January 1, 1994, **AND (c)** will be enrolled in an undergraduate degree, diploma, or certificate.

Full Name of Household Member*	Relationship to Student	Born On or After January 1, 1994	Information for Family Members Born On or After January 1, 1994; AND Will Enroll in College at Least Half-time in 2017-2018		
			Name of College	Degree	Year in College
	Self	XXXX	Soka University		
		☐Yes ☐No			
		☐Yes ☐No			
		☐Yes ☐No			

*** If your Number of Household Members exceeds the space above, attach a sheet listing the additional members in the household.**

2) If any member of your household (listed above) is not a parent or brother/sister, please explain how and why your family is financially supporting this person:

_____

SECTION B: Signature(s)

By signing this form you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

_____	_____	_____
Student Name (print)	**Signature**	**Date**
_____	_____	_____
Parent Name (print)	**Signature**	**Date**

Mail, or deliver this form in person, to the address listed below. Write your ID# on any attached, supporting documents.