



UCLA, Financial Aid Office
 A-129J Murphy Hall
 Box 951435
 Los Angeles, CA 90095-1435
 Phone: 310-206-0400
 Fax : 310-206-7419

**2009-2010 HOUSEHOLD SIZE/ NUMBER IN COLLEGE
 VERIFICATION FORM**

Student Name: Last _____ First _____ UID# _____

Your file has been selected for Verification of Household Size and Number in College. Please complete this form and return it to the Financial Aid Office. We are unable to evaluate your file until this information is received.

Dependent Students - List your parents and their dependents for the 2009-10 academic year. Include yourself, your parents, and your parents' other dependent children. Include other people only if they live with and receive at least half of their support from your parents during the entire period from 07/01/09 to 06/30/10.

Independent Students - List your dependents for the 2009-10 academic year. Include yourself, your spouse, and your dependent children. Include other people only if they will live with and receive at least half of their support from you during the entire period from 07/01/09 to 06/30/10.

CERTIFICATION STATEMENT: I certify that all information reported on this page is true and accurate to the best of my knowledge. I have also attached all required documentation if necessary. I understand that purposely falsifying information may lead to a cancelation of my aid and prevent me from receiving financial aid in future academic years.

NAME OF FAMILY MEMBER	RELATIONSHIP TO STUDENT	AGE (AS OF 12/31/09)	NAME OF COLLEGE ATTENDED AT LEAST HALF TIME DURING 09-10	GRADUATE STUDENT? Y/N
	SELF		UCLA	

Student Signature _____ Date _____
 Parent Signature (if student is dependent) _____ Date _____