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

2008-2009 HOUSEHOLD SIZE/ NUMBER IN COLLEGE VERIFICATION FORM

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 2008-09 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 07/01/08 to 06/30/09.

Independent Students **-** List your dependents for the 2008-09 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 07/01/08 to 06/30/09.

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	RELATIONHIP TO STUDENT	AGE (AS OF 12/31/08)	NAME OF COLLEGE ATTENDED AT LEAST HALF TIME DURING 08-09	GRADUATE STUDENT? Y/N
	SELF		UCLA	

Student Signature Date

Parent Signature (if student is dependent) Date