



THE CATHOLIC UNIVERSITY OF AMERICA
Office of Student Financial Assistance

HOUSEHOLD SIZE CLARIFICATION WORKSHEET 2016-2017 (Independent)

Name: _____ CUA ID: _____

Please list below the family members that are in the household in which **you live**. **Include yourself and only those individuals for whom you or your spouse (if married) will provide more than half of their support during July 1, 2016 through June 30, 2017.** Only include college names for those people that will be attending college at least half-time between July 1, 2016 and June 30, 2017. Please feel free to submit a letter or use the back of this form to clarify any information you provide.

If you believe someone over age 23 that lives in your house (example: parents, grandparents, siblings, etc.) should be included and they are not listed as a dependent on your tax return, you must provide that person's tax transcript and/or wage information (W2s, 1099s, disability or social security income statements).

| Full Name | Age | Relationship | College |
|-----------|-----|--------------|---------|
| | | Self | |
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Student Signature

NOTE: Signature must be handwritten. Computer fonts not acceptable.

Date

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

| MAIL or IN-PERSON | FAX | EMAIL |
|--|--------------|---------------------|
| The Catholic University of America 620 Michigan Avenue NE, M300 Father O'Connell Hall Washington, D.C. 20064 | 202-319-5573 | cua-faforms@cua.edu |