FingerLakes COMMUNITY COLLEGE

2023-2024
Academic Year

Household Size Verification Worksheet- Dependent

Student's Name: _____ Student ID:_____

On the verification worksheet, you reported individuals in the household size who may be reported in error. When reporting people in the household size section of the verification worksheet, you should only include individuals who receive more that 50% of their financial support from your parents.

Extended family members or other individuals (such as your adult siblings, nieces, nephews, etc.) may be included only if they live with your parents AND receive more than half their support from your parents during the school year. If extended family members are:

- Working/employed/self-employed
- Receiving means-tested benefits (SNAP, TANF, WIC, subsidized housing, etc.)
- Receiving pensions/retirement
- Receive Social Security Income or Disability payments

To claim you support an individual who is receiving any of the benefits listed above, your total financial support must exceed the amount they receive from these sources. Please consider these sources of income carefully before claiming that you support extended family members or other individuals more than 50%.

CUSTODIAL PARENT(S) MARITAL STATUS

What was your CUSTODIAL PARENT(s) marital status as of the date you filed your FAFSA?

☐ Parent Single (Never Married) ☐ Parent(s) Married/Remarried (Date: _____) ☐ Parent Not Married but Living Together ☐ Parent(s) Divorced or Separated (Date: _____) ☐ Parent Widowed (Date: _____)

HOUSEHOLD SIZE

List the people in your custodial parent's household. Include:

- Yourself and your custodial parent(s) (including a stepparent), even if you don't live with your parent(s).
- Your parent(s) other children if your parents will provide more than half of their support from July 1, 2023, through June 30, 2024.
- Include other people if they now live with your parent(s) AND your parent(s) provided more than half of their support and will continue to provide more than half of their support from July 1, 2023, through June 30, 2024.

Name of Family Member	Relationship to Student	Date of Birth
	Self	

COLLEGE ENROLLMENT

Of the people listed in the household size above, write in the name of the college/university for any household members who will attend college at **least half-time** between July 1, 2023, and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program.

If the individual is undecided, please report the name of the college they are most likely to attend.
DO NOT REPORT UNDECIDED.

(DO NOT INCLUDE PARENTS)

Name of Family Member	Relationship to Student	College Name

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

_____ _____

Student Date Parent Date

Finger Lakes Community College
3325 Marvin Sands Drive
Canandaigua, NY 14424-8395

p: 585.394.FLCC
f: 585.394.5005