UHD ID: _____ **Student's First Name:** _____ **Last Name:** _____

University of Houston DOWNTOWN

Office of Scholarships and Financial Aid

2025-2026 Family Size Clarification Form

Your file was selected for verification by the federal government. In our review of the documents submitted, we discovered a discrepancy in the number of family members in your or your legal parent's household. By law, we have the right to ask you for this information before awarding federal aid. Any differences between your application and your documents may require corrections. For more information, visit www.uhd.edu/verification.

☐ **Dependent Student**

List the people in your legal parent(s) household. Include:

1. Yourself
2. Your legal parent(s) that you listed on the FAFSA
3. Your legal parents' other children, (even if they do not live with your legal parents) if
   a. Your legal parents will provide more than half of their support from July 1, 2025 to June 30, 2026, or
   b. The children would be required to provide legal parental information when applying for federal student aid.
4. Other people, if they now live with your legal parents, and if your legal parents provide more than half of their support from July 1, 2025 to June 30, 2026.

Do not include children for whom your legal parent(s) are paying child support or foster children.

☐ **Independent Student**

List the people in your household. Include:

1. Yourself
2. Your spouse (if applicable)
3. Your children, (even if they do not live with you) if you provide more than half of their support from July 1, 2025 to June 30, 2026
4. Other people, if they now live with you, and if you provide more than half of their support from July 1, 2025 to June 30, 2026.

Do not include children for whom you or your spouse are paying child support or foster children.

Name	Age	Relationship to Student
		Self

Each person signing this form certifies that all the information reported on it is complete and correct. I understand I may be asked to provide documentation to support the information reported on this form.

_____

Student Signature Date

(Blue or black ink, no electronic signatures accepted)

_____

Legal Parent Signature (required, if applicable) Date

(Blue or black ink, no electronic signatures accepted)

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