



# 2008 – 2009 Household Size/College Size

Financial Aid Office · UA Fort Smith · 5210 Grand Avenue · P.O. Box 3649  
 Fort Smith, Arkansas 72913-3649 · Fax: 479/788-7095

Student Name \_\_\_\_\_ SSN/ID \_\_\_\_\_

The Financial Aid Office has completed an initial review of your 2008-2009 Free Application for Federal Student Aid (FAFSA). Additional information is needed to confirm your household/college size. Please complete this form promptly according to the instructions, and return to the Financial Aid Office.

**Independent Students** (you are Independent if you **were not required** to provide parental information on your FAFSA) List the following in your household/college size:

1. Yourself, and your spouse if you have one, and
2. Your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009 and
3. Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2008 through June 30, 2009.

**Dependent Students** (you are Dependent if you **were required** to provide parental information on your FAFSA) List the following in your household/college size:

1. Yourself, and your parents/stepparents (even if you don't live at home with them), and
2. Your parents' other children, IF your parents provide more than 50% of their financial support, and will continue to do so from July 1, 2008 through June 30, 2009, OR if the children had to use your parents' information when applying for Federal Student Aid, and
3. Other people living in your parent's house, for whom your parents provide more than 50% of their financial support, and will continue to do so from July 1, 2008 through June 30, 2009.

## Family Information

Write the names of household members in the spaces below. Include the name of the college for household members who will be attending college at least half-time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree, diploma, or certification program.

Full Name	Age	Relationship	College
		Self	

## Sign this Worksheet

\_\_\_\_\_  
 Student Date

\_\_\_\_\_  
 \*Parent Date

Please submit this form to your Financial Aid Administrator or mail to above address.

\*Only if parental information was required on the