

2021-22 Household Size Verification

STUDENT INFORMATION

Student Name _____ AU Student ID _____

DO NOT COMPLETE THIS FORM IF IT HAS NOT BEEN REQUESTED. Do not leave any fields blank.

Include first and last names of individuals listed below. This form cannot be completed in pencil.

Dependent Students - Include:

- Student
- Parent(s)
- Student’s siblings - if the parent(s) will provide more than half of their financial support from 7/1/2021 through 6/30/2022 even if they don’t live in the home
- Other individuals - if they live with and will receive more than half of their financial support from the parent(s) from 7/1/2021 through 6/30/2022

Independent Students - Include:

- Student
- Spouse
- Student’s children - if you will provide more than half of their financial support from 7/1/2021 through 6/30/2022
- Other individuals - if they live with you and you will provide more than half of their financial support from 7/1/2021 through 6/30/2022

Full Name of Each Person	Relationship to Student	Age	Name of College/University
1.	SELF		Aurora University
2.			
3.			
4.			
5.			
6.			
7.			

Check this box if there are more than seven household members. Use the back of this form to include the additional persons.

- **Do not list the college/university of a parent.**
- **List the college/university for household members who are:**
 - Enrolled between July 1, 2021 and June 30, 2022
 - Enrolled at least half-time in at least one term
 - Enrolled in a degree, diploma, or certificate program at a college that is eligible to participate in any of the Federal Student Aid programs

I hereby certify that all of the information provided on this form is true, complete, and accurate to the best of my knowledge. I agree to provide information that will verify the accuracy of this completed form. I realize that until all requested information has been submitted, reviewed, and verified, no financial assistance will be credited to my student account. **I understand that if corrections need to be made to my FAFSA, the Office of Financial Aid will make the corrections based on the verification process.** If I purposely give false or misleading information, I may be fined, sent to prison, or both. I understand that it can take a minimum of two weeks for the Office of Financial Aid to process documents.

Student Signature →**Must be drawn and not typed.** _____ Date _____

Parent Signature (If Dependent) →**Must be drawn and not typed.** _____ Date _____

To return this form: Secure Document Uploader: aurora.edu/submitfinaidforms

Fax: 630-844-6191 | Mail: Office of Financial Aid, 347 S Gladstone Ave, Aurora, IL 60506 | In Person: Eckhart Hall, Room 324

Questions: Email: finaid@aurora.edu | Phone: 630-844-6190

Note: Documents submitted via email cannot be accepted due to security reasons.