Complete this form electronically using Adobe Reader.

UF UNIVERSITY of FLORIDA
Division of Enrollment Management
Office for Student Financial Affairs

* You must type in the student's name and 8-Digit UFID before printing! SFA cannot accept digital signatures.

16/17

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Independent Student 2016-2017
Household Size & College Enrollment Statement

* **UFID** _____ - _____ **Student's Name** _____

Please provide information on your household size AND the members of the household who will be enrolled in college during the 2016-2017 school year.

Include in your household:

- yourself (and your spouse, if you have one).
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- other people if they now live with you, you provide more than one-half of their support, and will continue to do so from July 1, 2016 through June 30, 2017.

List additional family members on reverse side if necessary.

HOUSEHOLD SIZE

Name	Relationship to the student	Age
1.	*STUDENT APPLICANT*	
2.		
3.		
4.		
5.		
6.		

COLLEGE ENROLLMENT

- Include others that are in the household if they will attend, at least half-time in 2016-2017, a program that leads to a college degree or certificate.
- Each school listed must be eligible to participate in any of the federal student aid programs.

Name	College Name, City & State	Class & College (Major)
1. *STUDENT APPLICANT*	University of Florida, Gainesville, FL	
2.		
3.		

I certify under penalty of perjury that the information listed above is correct and complete to the best of my knowledge.

_____ Student's Signature Date

_____ Spouse's Signature Date

FOR SFA USE ONLY

IHSZ _____

ICOL _____

UFID _____ 6 50

Name _____

Clear Form