THE CATHOLIC UNIVERSITY OF AMERICA
Office of Student Financial Assistance

DEPENDENT

HOUSEHOLD SIZE CLARIFICATION WORKSHEET

2017 - 2018

Name:_____ CUA ID:_____

Please list below the family members that are in the household in which **you live**. **Include yourself and your parent(s), and only those individuals for whom your parent will provide more than half of their support during July 1, 2017 through June 30, 2018**. Only include college names for those people other than your parents that will be attending college at least half- time between July 1, 2017 and June 30, 2018. Please feel free to submit a letter or use the back of this form to clarify any information you provide.

If you believe someone over age 24 that lives in your parents' house (example: grandparents, older siblings, friends, etc.) you must provide that person's 2015 tax transcript and/or wage information (W2s, 1099s, disability or social security income).

Full Name	Age	Relationship	College
		Self	

_____ _____
Student Signature NOTE: Signature must be handwritten. Computer fonts not acceptable. Date

_____ _____
Parent Signature NOTE: Signature must be handwritten. Computer fonts not acceptable. Date

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN-PERSON	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O'Connell Hall Washington, D.C. 20064	202-319-5573	cua-faforms@cua.edu