

2023-2024



Household Size Verification - Independent (FHHSIN)

Student's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

Your financial aid application has been selected for verification. HCC must verify the data you reported on your Free Application for Federal Student Aid (FAFSA). Verification of data must be completed prior to HCC awarding or disbursing financial aid funds. **DO NOT leave any items blank** (attach a separate sheet or use back side of form if needed).

What is your marital status as of the FAFSA filing date?

Married(Date: _____) Single(Never Married) Divorced/Widowed(Date: _____) Separated(Date: _____)

List the people in your household, include:

- Yourself and your spouse, if applicable
- Your children if you and/or your spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
- Other people if they now live with you AND you or your spouse provided more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

HOUSEHOLD SIZE

Name of Family Member (include self) Example: Mary Jones	Relationship to Student/Spouse Example: Self	Age Example: 25

Additional information may be requested from you to clarify inconsistent or conflicting information.

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Student's Name (PRINT): _____

HCC ID: _____

COLLEGE ENROLLMENT

Write in the name of the college/university for any household members listed above who will attend college at least half-time between July 1, 2023 and June 30, 2024 and they will be enrolled in a degree, diploma, or certificate program.

Name of Family Member (include self)	College Name

Certification

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: _____

Date: _____