

# 2023-2024



## Household Size Verification - Dependent (FHHSDE)

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 parent(s) marital status as of the FAFSA filing date?

Married (Date: \_\_\_\_\_)     Single (Never Married)     Divorced or Widowed (Date: \_\_\_\_\_)  
 Separated (Date: \_\_\_\_\_)     Not Married but Living Together (Biological Parents)

List the people in your household, include:

- Yourself and your parent(s), including step-parent, even if you do not live with your parents.
- Your parent(s) other children if your parents will provide more than half of their support from July 1, 2023 through June 30, 2024. Include other people if they now live with your parent(s) AND your parent(s) 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. Income reported must support family size.

### HOUSEHOLD SIZE

Name of Family Member (include self)	Relationship to Student	Age

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

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

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### 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 or are enrolled in a degree or certificate program.

(DO NOT INCLUDE PARENTS)

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. One parent whose information was reported on the FAFSA must sign and date this form.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_