

2024-2025



Household (Family) Size Verification - Dependent

Covers Fall 2024, Spring 2025, Summer 2025

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 contributor (parent(s)), including step-parent, even if you do not live with your contributors (parents).
- Your contributors (parent(s)) other children if your parents will provide more than half of their support from July 1, 2024 through June 30, 2025. Include other people if they now live with your contributor (parent(s)) AND your contributor (parent(s)) provided more than half of their support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025. Income reported must support family (household) size.
- Any unborn child/children should not be included in the (family) household size.

HOUSEHOLD (FAMILY) SIZE

| Name of Family Member (include self) | Relationship to Student | Age |
|--------------------------------------|-------------------------|-----|
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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, 2024 and June 30, 2025 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 |
|--------------------------------------|--------------|
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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: _____

Contributor (Parent) Signature: _____

Print Contributor (Parent) Name: _____

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