Household Certification Form





STUDENT INFORMATION						
First Name	Last Name	Middle	Student ID#			

INSTRUCTIONS

Based on a review of your 2023-2024 FAFSA by the U.S. Department of Education, the University of Dayton is required to verify your reported household size.

You must complete this request before we can finalize and apply financial aid to your account. We encourage you to submit this form within 30 days of receipt.

Failure to comply with this request can result in the loss of financial aid for the year.

PARENT INFORMATION

List: Name(s) of parent(s) living in the household listed on the student's FAFSA. If your parent remarried, <u>include your stepparent</u>. Do not include any parent living outside the household due to separation or divorce.

	First Name	Last Name	Relationship to
Parent 1			
Parent 2			
Is Parent 1	currently married? O Yes O No	Month and year of marriage:	

FAMILY INFORMATION

List: The people in the parent(s) household. Include the following:

- Other children if the parent(s) will provide more than half of the children's support from July 1, 2023, through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people who live with the parent(s), for whom the parent(s) will provide more than half of their support through June 30, 2024.

Note: Include information about any household member, who is, or will be, **enrolled at least half-time** in a degree, diploma, or certificate program at an eligible **postsecondary educational institution** any time between **July 1, 2023**, **and June 30, 2024**, and include the name of the college or university.

First Name	Last Name	Age	Relationship to	Enrolled at least half-time in 2023-24	College Name for 2023-2024
				O Yes O No	
				O Yes O No	
				O Yes O No	
				O Yes O No	
				O Yes O No	
				O Yes O No	
				O Yes O No	

				O Yes	O No	
				O Yes	O No	
				O Yes	O No	
				O Yes	O No	
				O Yes	O No	
			SIGNATURES			
I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.						
Student Signature _				Date		
I hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if my student receives federal, state, or institutional student aid based on incorrect information, their financial aid award(s) may change.						

Office of Financial Aid Flyer Student Services

Parent Signature ______ Date _____

300 College Park Dayton, Ohio 45469-1605 TEL: 937-229-4141 FAX: 937-229-4338 fss@udayton.edu