University of Dayton

Household Certification Form
2019-2020 Academic Year

Upon reviewing your 2019-2020 FAFSA results, we must verify your reported household size. Please provide us with the information requested below **within 30 (thirty) days** to finalize your eligibility for aid. Failure to comply may jeopardize your award for the year.

STUDENT INFORMATION

Student's Name _____ _____ _____ **Student ID #** _____
Last First MI

Permanent Address _____ _____ _____ _____
Street Address City State Zip

SSN (optional) _____ **Home Phone** _____ **Cell Phone** _____

HOUSEHOLD INFORMATION

Dependent Students: List the people within your parents' household **for whom your parent(s) will provide at least half of their support*** between July 1, 2019 and June 30, 2020. Include the following:

- *Yourself (even if you do not live with your parents)* ***and***
- *Your parent(s)* ***and***
- *Your parent(s)' other children* ***and***
- *Other people if they now live with your parents and your parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2020;*

Independent Students: List the people within your household **for whom you will provide at least half of their support*** between July 1, 2019 and June 30, 2020. Include the following:

- *Yourself* ***and*** *your spouse (if you have one)* ***and***
- *Your children* ***and***
- *Other people if they now live with you and you or your spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2020.*

** Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.*

Also, please indicate in the space below if a family member will be enrolled in college **at least half-time** in a degree, diploma or certificate program at an eligible postsecondary educational institution any time **between July 1, 2019 and June 30, 2020,** by listing the name of the college and grade level.

Please read guidelines above before completing. Attach extra page if needed.

Family Member	Age	Relationship to Student	College Name and Grade Level for 2019-2020
		SELF	

Signature(s) *REQUIRED*

I (We) hereby affirm that all information reported on this form and any attachment hereto is true, complete, and accurate to the best of my (our) knowledge. I (We) understand that if I (we) receive federal student aid based on incorrect information, I (we) will need to repay it; I (we) may be required to pay fines and fees.

Student _____ Date _____

Parent (if dependent) _____ Date _____

Office of Financial Aid
300 College Park
Dayton, Ohio 45469-1605
TEL: 937-229-4311 FAX: 937-229-4338
flyerstudentservices@udayton.edu