ENDICOTT COLLEGE

Household Size Verification Form

Please return this form, along with required documents, via Workday upload, fax (978-232-2085) or mail to Endicott College Financial Aid, 376 Hale Street, Beverly, MA 01915. It is the student's responsibility to make sure all documentation is received by the Office of Financial Aid. Once documentation is received, the Office of Financial Aid will make any needed corrections to your FAFSA. Students who do not provide verification documents will not receive a financial aid offer.

A. Student Information

Last Name _____ First Name _____ Middle Initial _____

New Student: Last 4 Digits of Social Security # _____ Returning Student ID # _____

Phone _____ Email _____

B. Family Information

Please check the box that indicates your current status. A student is considered dependent if he/she was required to provide parental data on the Free Application for Federal Student Aid (FAFSA). A student is considered independent if he/she was not required to provide parental data on FAFSA.

☐ **Dependent Student**

Please include in table below:

- Student and student's custodial parent(s) (including stepparent)
- Parents' other children, even if they do not live with the parents, if parents will provide more than half of their support from July 1, 2027 through June 30, 2028, or if the other children would be required to provide parental information if they were completing a FAFSA for 2027-28
- Other people if they now live with the parents and parents provide more than half of their support, and will continue to provide more than half of their support through June 30, 2028

☐ **Independent Student**

Please include in table below:

- Student
- Student's spouse, if married
- Student's or spouse's children if student or spouse will provide more than half of the children's support from July 1, 2027 through June 30, 2028, even if child does not live with the student
- Other people if they now live with the student and the student or 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, 2028

***Please remember to include ALL members living in household INCLUDING SELF AND PARENT(S).**

Full name	Age	Relationship	Name of college	Will be enrolled in at least six credits (yes or no)

DI. Sign this Worksheet

We cannot accept electronic signatures. By signing this worksheet, I (we) certify that all of the information reported to qualify for federal financial aid is complete and correct. I (we) understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both. (At least one parent must sign this form if dependent. We cannot accept this form without parent signature)

_____ _____

Student Signature Date

_____ _____

Parent Signature (Dependent Students Only) Date