



# 2018-19 Household Size Worksheet

## (FADVHE) Federal Student Aid Programs

Toll Free: 1-800-226-2643 Phone: (870) 460-1050 Fax: (870) 460-1450  
University of Arkansas at Monticello Financial Aid Office P.O. Box 3470 Monticello, AR 71656

### Dependent

For Office Use:

\*Complete this form in blue or black ink.

#### STUDENT

Last Name	First Name	M.I.	SSN	UAM Student ID #
Street Address			Date of Birth	
City	State	Zip Code	Home Phone #	Cell Phone #

#### FAMILY INFORMATION

##### Definition of Dependent Student

- Yourself
- Your parent(s) listed on FAFSA and their spouse
- Your parent(s)'s other children if they will provide more than half of their support from 7/1/18 to 6/30/19
- Other people if they now live with your parents and your parents will provide more than half of their support through June 30, 2019

List the people in household based on the definition listed above.

FULL NAME	AGE	RELATIONSHIP	CURRENT COLLEGE	WILL BE ENROLLED AT LEAST HALF-TIME (YES OR NO)
		Self	UA-Monticello	

\*If more space is required, attach a separate sheet. Include your name and UAM ID number on each page.

#### CERTIFICATION AND SIGNATURE

I/We certify that all of the information on this worksheet is complete and correct.

Student (signature required) \_\_\_\_\_ Date \_\_\_\_\_

Parent (signature required) \_\_\_\_\_ Date \_\_\_\_\_

Parent Name printed \_\_\_\_\_ Date \_\_\_\_\_