



**Financial Aid, Student Employment
& Military Education Benefits**
 Mellencamp Hall, Room 162, P.O. Box 469, Milwaukee, WI 53201-0469
 Phone: (414) 229-4541 Fax: (414) 229-5699 Email: finaid@uwm.edu

2019-20 Household Size Clarification - Independent

YOU ARE RECEIVING THIS REQUEST AS YOU REPORTED VIA OTHER PAPERWORK SUBMITTED DIFFERENT ANSWERS THAN WHAT WAS REPORTED ON THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).

Section A – Student Information (Please print clearly)

STUDENT NAME:	STUDENT ID #:
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Section B – Family Information (Please read instructions before completing)

Please list the people in your household, including:

- **yourself**, and your spouse (if married),
- **your children**, if you will provide more than half of their support between **July 1, 2019 and June 30, 2020**, and
- **other people if:** they now live with you, and you provide more than half of their support and will continue to provide more than half of their support between **July 1, 2019 and June 30, 2020**.

Write the names of all household members in the spaces below. If you need more space, attach a separate sheet. Also, write in the name of the college for any household member listed, who will be attending college at least half-time in a program that leads to a college degree or certificate between **July 1, 2019 and June 30, 2020**.

Full Name	Age	Relationship to Student	College (Please List Full Name)
		Self	UW - Milwaukee

Note: Include your unborn child if the child will be born before or during the award year AND you will provide more than half of the child’s support from birth through the end of the award year.

Section C – Student and Spouse (if married) Signatures

By signing this worksheet, I/we certify the information reported is correct to the best of our knowledge.

Student Signature	Date	Spouse Signature (if married)	Date
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NOTE: Signatures cannot be typed or stamped. Must be signature.