

**INDEPENDENT STUDENT
FAMILY SIZE WORKSHEET
2012-2013**

UNIVERSITY OF VERMONT
Student Financial Services
223 Waterman Building
Burlington, VT 05405
Fax: (802) 656-4076

Student Name _____ **Student ID # 95** _____

The purpose of this form is to verify the people considered to be in your household. Please include yourself as the first person in your household. If married, include your spouse. If you have children, include them if you will provide more than half of their support from July 1, 2012 through June 30, 2013, or if they would need to report your information on the FAFSA, if completed. Include other people if they live with and receive more than half of their support from you, and will continue to receive that support from July 1, 2012 through June 30, 2013.

Full Name	Age	Relationship to Student*
		Self

*If other than yourself, your spouse, or your children, please explain who the person is and how he/she is being supported by your family:

Certification:

I/we certify that all the information reported on this form and on any attachments is true, complete, and accurate to the best of my/our knowledge. I/we understand that any false statements could be cause for denial, reduction, withdrawal, or repayment of financial aid.

Student's Signature

Date

Spouse's Signature

Date