



**2017-2018  
Dependent Student Household Size and  
Number in College**

**PHZ18**

*Please Use Black or Blue Ink*

OSU Banner ID ("A" plus 8 digits)							
<b>A</b>							

Student Name: \_\_\_\_\_

Your application was selected for review, or "verification." We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. Please complete the entire form and ensure both the student and one parent whose information is included sign the form. **Incomplete forms will be returned to you. No determination of aid eligibility can be made until all requested documents are received and reviewed.**

**I. Parent(s):**  
For household size/number in college, the U.S. Dept. of Education defines "parent" as the student's legal (biological and/or adoptive) parent or stepparent. The following people are **NOT considered "parents" unless they have legally adopted the student:** grandparents, foster parents, legal guardians, older brothers and sisters, and uncles or aunts.  
Answer the following questions and list parent(s) below:

Yes  No Are your legal **parents living and married to each other?** If yes, list both below.

Yes  No Are your legal **parent(s) divorced or separated and not living together? Or, were your legal parents never married?** If yes, list the parent with whom you lived more during the past 12 months and that parent's spouse, if remarried. If you lived the same amount of time with each parent, list the parent (and that parent's spouse, if remarried) who provided more financial support during the past 12 months or during the most recent year the student actually received support from a parent.

Yes  No Is your **parent widowed?** If yes, list that parent and that parent's spouse, if remarried, below.

Yes  No Are your legal **parents living together and either are not married or are divorced/separated?** If yes, list both below.

Parent(s) Full Name(s)	Age	Relationship to Student
<i>Example: Jane Doe</i>	<i>48</i>	<i>Mother</i>

**II. Parent(s)' Other Children:** Answer the following questions and list parent(s)' other children, below:

Yes  No **Will the parents listed above provide more than half the support of other children (excluding the student submitting this form) from July 1, 2017 through June 30, 2018, even if the student does not live with the parent(s) reported above?** If yes, list them below.  
**Note:** Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.

Yes  No **Are there other children who would be required to provide the parental information of the parents listed above if the children were completing a FAFSA for 2017-2018, even if they don't live with the parent(s) reported above?** If yes, list them below.

Also write in the name of the college for any child (excluding the student submitting the form) who will be enrolled at least half-time in a degree, diploma, or certification program at an eligible postsecondary educational institution any time between July 1, 2017 and June 30, 2018. DO NOT include a school name for dual/concurrent enrollment for high school students. If you need more space, attach a separate page or list all the information at the bottom of page 2 of this form.

Full Name of Parent(s)' Other Children Who Meet the Definition Above	Age	Relationship to Student	If in college at least half-time during 2017-2018, list name of college attended.
<i>Example: John Doe</i>	<i>19</i>	<i>Brother</i>	<i>N/A</i>

Student Name \_\_\_\_\_

Student OSU Banner ID \_\_\_\_\_

<b>III. Other people that the parent(s) will support between July 1, 2017 and June 30, 2018:</b>			
Answer the following questions and list other people the parent(s) will support, below:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>Do other people, not already listed, live with the parent(s) reported in Section I and those parents provide more than half of the other person's support and plan to continue to do so from July 1, 2017 through June 30, 2018?</b> If yes, list them below.</p> <p>Also write in the name of the college for anyone (excluding the student submitting the form) who will be enrolled at least half-time in a degree, diploma, or certification program at an eligible postsecondary educational institution any time between July 1, 2017 and June 30, 2018. DO NOT include a school name for dual/concurrent enrollment for high school students.</p> <p><b>Note:</b> Support is defined as providing food, housing, medical/dental care or health insurance, car insurance, money or other financial resources.</p>		
Full name of other people the parent(s) will support between July 1, 2017 and June 30, 2018	Age	Relationship to Student	If in college <i>at least half-time</i> during 2017-2018, list name of college attended.
<i>Example: Tom Smith</i>	<i>33</i>	<i>Uncle</i>	<i>N/A</i>

<b>Certification/Signature:</b>				
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. <b>If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.</b>				
_____		_____		
<b>Student's Signature</b> <i>(electronic signature not acceptable)</i>		<b>Date</b>		
_____		_____		
<b>Parent's Signature</b> <i>(electronic signature not acceptable)</i>		<b>Date</b>		
_____		_____		
<b>Printed Name of Parent Who Signed Above</b>	<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Return to:**  
Office of Scholarships and Financial Aid  
119 Student Union, Stillwater, OK 74078-5061  
**Fax: (405) 744-6438** *(if you fax, please do not mail the form)*

**Questions?**  
Email: [finaid@okstate.edu](mailto:finaid@okstate.edu)  
Phone: (405) 744-6604  
Web: [financialaid.okstate.edu](http://financialaid.okstate.edu)