

# 2011-2012 Household Size



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Student ID# \_\_\_\_\_

Complete this form  
and return to the TSTC  
Financial Aid Office.

This form has been sent to you because the documents you submitted have conflicting information. We need to verify the household size and number in college. List the persons who are living at home and will be provided at least 50 percent or more of the support by the family during the 2011-2012 school year. Please indicate if he/she is attending a college or university as at least a half-time student.

**NOTE: Independent Students:** List the people you will support during the school year.  
**Dependent Students:** List the people your parent(s) will support during the school year.  
 Remember to include your parent(s).

NAME OF MEMBER IN HOUSEHOLD	AGE	RELATIONSHIP TO STUDENT	If person listed is in college, indicate name of college they will attend between 7/11 and 6/12

If number of names listed differs from number of exemptions claimed on the 2010 Federal Tax Return (except for exemptions for age or blindness), explain that difference: \_\_\_\_\_  
 \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent (or Spouse) Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** CRI Code: **FAC11HHS** Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Scanned: \_\_\_\_\_ Initials: \_\_\_\_\_