



**Student Financial Aid Services (SFAS)**

**Verification of Parents' Household Size**

Please use the area below to list all family members in your parents' household, including yourself and anyone they will be supporting more than 50% during the academic year. Also indicate which of the members listed are enrolled at least half time in college. Return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.*

**Student's Name** \_\_\_\_\_ **NJIT ID** \_\_\_\_\_

**UCID E-mail** \_\_\_\_\_

Name	Age	Relationship	Enrolled at Least Half Time?
1) _____	_____	self _____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_