

**STUDENT FINANCIAL ASSISTANCE**

6525 North Sheridan Road  
 Sullivan Center Room 190  
 Chicago, Illinois 60626  
 Phone: 773.508.7704 Fax: 773.508.3397  
**Scan completed form and E-mail to finaidforms@luc.edu**



*Preparing people to lead extraordinary lives*

**2009–2010 DEPENDENT STUDENT HOUSEHOLD SIZE VERIFICATION**

**Student Name:** \_\_\_\_\_  
 (Please print)

**Loyola ID:** \_\_\_\_\_  
 (Your 11-digit Loyola ID number begins 0000.)

**Directions:** List the number of people that **your parents** will support between July 1, 2009 and June 30, 2010. **Include yourself and your parent(s)**. Include their children if the children get more than half of their support from your parents. Include other people only if they now live with and get **more than half of their support from your parents**, and will continue to get this support between July 1, 2009 and June 30, 2010. If there are more than eight people, please attach a sheet listing additional family members. (Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.)

Full Name of Family Member	Age	Relationship Code (see codes below)	Attending college at least half-time during 2009–2010?	Degree Program (for example: B.S., M.S., PhD.)	Name of College or University family member will attend in 2009–2010?
1.		<b>You—the student</b>	<b>Yes</b>	<b>B.S.</b>	<b>Loyola University Chicago</b>
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**Relationship Codes:**

- 1 = Student’s parent
- 2 = Student’s stepparent
- 3 = Student’s brother/stepbrother or sister/stepsister
- 4 = Student’s husband or wife
- 5 = Student’s son or daughter
- 6 = Student’s grandparent
- 7 = Other (*explanation must be supplied on separate page*)

**Certification Statement:**

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mother/Stepmother’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Father/Stepfather’s Signature

\_\_\_\_\_  
 Date



**HD 2010**

