SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Student Financial Aid
2308 Rendleman Hall Campus Box 1060
Edwardsville, IL 62026-1060
Phone: (618) 650-3880 Fax: (618) 650-3885
Email: finaid@siue.edu Homepage: www.siue.edu/financial-aid

2026-2027

Household Size

VIHHS

Student Name _____ Univ. ID# _____

Conflicting information has been reported regarding the number of people reported in you or your parent's household size on the FAFSA and the Institutional Verification Form.

Dependent Student:
List the names of all the members in your parents' household in the chart below, including:

- Yourself
- Your Parent(s) (and spouse or partner, if applicable)
- The parent's dependent children (even if they live apart due to college enrollment)
- Other people living with the parent(s) only if the parent(s) will provide more than half of their support between July 1, 2026, and June 30, 2027

Independent Student:
List the names of all household members in the chart below, including:

- Include the student (and spouse), the student's dependent children (even if they live apart due to college enrollment), and other people living with the student now. Include these dependent children and other people only if the student will provide more than half of their support between July 1, 2026, and June 30, 2027

In the chart below, please list the name, age, and relationship to the student of each person in your household, **do not leave blanks.**

Full Name	Age	Relationship
1. Student		Self
2.		
3.		
4.		
5.		
6.		
7.		

☐ Check this box if there are more than seven family members in your household and attach a list of these people.

With my signature, I certify that ALL the information on this form is true and complete

Required Student Signature _____ Date

Required Parent Signature (Dependent Student Only) _____ Date

Please note: Typed names cannot be accepted. Please sign using a handwritten or approved electronic signature.