

# (HHSV) Household Size Verification

# 2023-2024

University of South Florida  
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

Student's Name: \_\_\_\_\_

USF ID: U \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

On the Federal Verification Worksheet, you listed a household member(s) we do not automatically count in the household size. In order to assist us in determining whether to include this person(s), complete this form.

**For dependent students:** Complete this form for anyone you listed on the worksheet who is not a parent or a sibling.

**For independent students:** Complete this form for anyone you listed on the worksheet who is not your spouse or your child.

Use an additional form for each additional person.

Name of household member: \_\_\_\_\_

When did he/she become a household member? \_\_\_\_\_

**Income of Household Member:** Provide the household member's monthly income and resources from July 1, 2023 through June 30, 2024. If the household member is over 18, you must provide wages (W-2) or a wage/income transcript.

**Monthly Income:** \_\_\_\_\_

**Household Member's Expenses:** Provide household member's monthly expenses (ie. Rent, utilities, auto, medical, personal expenses) from July 1, 2023 through June 30, 2024.

**Monthly Expenses:** \_\_\_\_\_

## CERTIFICATION STATEMENT

By signing this form, I/we certify that all the information reported on this form is complete and correct. All signatures must be handwritten, or signed with DocuSign. Typed signatures will not be accepted.

Student's/Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Household Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Household Member's signature not required if a minor (under 18).

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