

(HHSV) Household Size Verification

2024-2025

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, 2024 through June 30, 2025. 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, 2024 through June 30, 2025.

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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