



## 2009-2010 Declaration of Household Size and College Enrollment

Student's Name \_\_\_\_\_ Student ID/SSN \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

Please provide our office with the following information on your (or your parents') household size AND the number of children in the household who will be enrolled in college during the 2009-2010 school year. Enrollment must be at least 6 credit hours or its equivalency in at least one term. Each child enrolled in college must be working towards a degree or certificate at a college or university.

**Dependent Students**

List below the names and ages of your custodial parent(s), yourself, and your custodial parent(s)' other dependent children if they will be providing more than **one-half** of their support between July 1, 2009 and June 30, 2010. Include other persons only if they lived with AND received more than **one-half** of their support from your parent(s) at the time the FAFSA was submitted AND will continue to receive more than one-half of their support from your parent(s) between July 1, 2009 and June 30, 2010. (Please note that parents CANNOT be counted as a family member in college.)

**Independent Students**

List below the names and ages of yourself, your spouse (if applicable), and all persons for whom you will be providing more than **one-half** of their support between July 1, 2009 and June 30, 2010.

Name	Age	Relationship to Applicant	If this person will attend college at least half time in 2009-2010, list major and college below	
			Major	College and Location

If person(s) listed in the household is/are over the age of 24 (excluding the student applicant, student applicant's spouse and student applicant's parents), explain the type and percentage of the total support that will be provided to them between July 1, 2009 and June 30, 2010. Continue on reverse side if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if dependent student)

Return to: Office of Financial Aid Services  
1200 W. International Speedway Blvd.  
Daytona Beach, FL 32114  
386-506-3015 / FAX 386-506-4442