

**FORM CHSIZE - IDAHO STATE UNIVERSITY
REQUEST TO CORRECT HOUSEHOLD SIZE**

23-24

CHSIZE-24

The household size of a student or a dependent student's parent is determined at the time the [FAFSA](#) form is filed. The number of family members and family members in college can be corrected if the initial FAFSA was not accurate.

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find under Academic Tools tab on [BengalWeb](#)) *Required

List all the household members below who should have been included at the time the FAFSA was filed.

If the student, student's spouse or dependent student's parent was pregnant at the time the [FAFSA](#) was filed, the household size can be corrected to reflect this unborn child. To correct your family size based upon an unborn child, **attach a doctor's statement specifying the estimated birth date of the unborn child or a copy of the child's birth certificate.**

Please attach an explanation on why you believe the persons listed below should be counted.

NAMES OF HOUSEHOLD MEMBERS ORIGINALLY INCLUDED WHEN FAFSA WAS FILED

Full Name	Age*	Relationship	Name of College, if attending**
1. _____	_____	<u>Self or son/daughter</u>	<u>Idaho State University</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

ADDITIONAL FAMILY MEMBERS TO BE INCLUDED IN THE HOUSEHOLD

1. _____	_____	_____	_____
2. _____	_____	_____	_____

Remember to attach an explanation as to why you believe your household size or number in college should be corrected. Return this completed form with attachment(s) to the address above.

*If child is less than one (1) year old, list age in months. Do not leave blank. Do not enter 0.

**Must be enrolled at least half-time between July 1, 2023, and June 30, 2024 in a program that leads to a college degree or certificate.

CERTIFICATION: Each person signing below certifies that all of the information reported is complete and correct.

(The independent student or the student & parent, if a dependent student, is required to sign this certification. If parents are divorced or separated, the parent who originally provided information on the [FAFSA](#) is required to sign.)

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

*Student Signature: _____ Date: _____

*Parent Signature: (dependent student only) _____ Date: _____

Typed signature not accepted