

**FORM PHSIZE - IDAHO STATE UNIVERSITY
VERIFICATION OF HOUSEHOLD SIZE
PARENT(S)**

23-24

PHSIZE-24

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid ([FAFSA](#)). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form to:

**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**

*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

Tell Us About Your Parents' Family Size.

List the people in your parents' household as of today.
Include:

- yourself on line 1.
- your parent(s)/stepparent (whose information is on the FAFSA) even if you didn't live with them.
- your parents' other children if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 or (b) your parents would be required to provide parental information when applying for federal student aid.

Include other people only if they:

- now live with AND get more than half of their support from your parents at the time of application AND
- will continue to get this support between July 1, 2023 and June 30, 2024.

*Include Name of College for listed persons, excluding parent(s), attending at least half-time between July 1, 2023 and June 30, 2024 in degree/certificate program.

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

***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.

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

Student Signature: _____ Date: _____

(The parent of the 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.)

Parent Signature: _____ Date: _____

Typed signatures not accepted.