



Office of Student Financial Assistance

**DEPENDENT**  
**HOUSEHOLD SIZE**  
**CLARIFICATION WORKSHEET**  
**2020 - 2021**

Name: \_\_\_\_\_ CUA ID: \_\_\_\_\_

Please list below the family members that are in the household in which you live. **Include yourself and your parent(s), and only those individuals for whom your parent will provide more than half of their support during July 1, 2020 through June 30, 2021.** Only include college names for those people other than your parents that will be attending college at least half-time between July 1, 2020 and June 30, 2021. Please feel free to submit a letter or use the back of this form to clarify any information you provide.

Full Name	Age	Relationship	College
		Self	

\_\_\_\_\_  
 Student Signature NOTE: Signature must be handwritten. Computer fonts not acceptable.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature NOTE: Signature must be handwritten. Computer fonts not acceptable.

\_\_\_\_\_  
 Date

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

MAIL or IN-PERSON	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O'Connell Hall Washington, D.C. 20064	202-319-5573	cua-faforms@cua.edu