



Office of Student Financial Assistance

INDEPENDENT HOUSEHOLD SIZE CLARIFICATION WORKSHEET (2023-2024)

Name: _____

ID: _____

Please list below the family members that are in the household in which **you live**. **Include yourself and only those individuals for whom you or your spouse (if married) will provide more than half of their support during July 1, 2023 through June 30, 2024.** Only include college names for those people that will be attending college at least half-time between July 1, 2023 and June 30, 2024, 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

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