

Financial Aid and Scholarships Administration Building Room 124 1910 University Drive Boise, ID 83725-1315

Phone: (208) 426-1664 Fax: (208) 426-1305

Email: FinancialAid@boisestate.edu

Household and College Size Form Instructions 2023-2024

Please note the importance of completing this form accurately and in as much detail as possible to avoid the possibility of additional requests for information. Read the instructions prior to completing the form and if you have any questions, please feel free to contact our office.

Instructions for SECTION B: Who to include in the household

- Yourself (the student)
- If parental information was included on your 2023-2024 FAFSA, include:
 - O Your parent(s), including stepparent even if you do not live with them.
 - O Your parent(s)' children, stepchildren, if your parent(s) will provide more **than half** of their support from July 1, 2023 through June 30, 2024.
 - O Unborn children please indicate their due date.
 - o Any child who would have to report your parents' information on their own 2023-2024 FAFSA application.
 - Other people if they now live with your parents, and your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.
- If no parental information was included on your 2023-2024 FAFSA, include:
 - O Your spouse; if you are married, or were married on the day you filed the FAFSA.
 - o Your children and stepchildren if you will provide more than half of their support from July 1, 2023 through June 30, 2024.
 - o Unborn children please indicate their due date.
 - Other people, only if they now live with you, and you provide more than half of their support, and you will continue to provide this support from July 1, 2023 through June 30, 2024.
- Support includes money, loans, housing, food, clothes, car, medical care, payment of college costs, etc.

NOTE: In most cases, we are able to make corrections to your FAFSA for you. If we need you to make corrections to your FAFSA, we will notify you. Please be aware that making changes to your FAFSA may result in requests for additional documentation.

Definition of Parent(s): A parent is a biological, or adoptive parent, or a person that the state has determined to be a parent (for example, when a state allows another person's name to be listed as a parent on the birth certificate). Use the information from the parent with whom you lived longer, during the 12 months prior to the date that you signed your FAFSA. If you lived with neither parent, then use the information for the parent who provided more of your support.

If the parent whose information you use on the FAFSA application has remarried – Your parents (for financial aid purposes) are the biological parent and the stepparent. If your biological and/or adoptive parents are not married, but are living together, include both on your FAFSA application, as well as on this form.



SECTION B: HOUSEHOLD SIZE

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Phone: (208) 426-1664 Fax: (208) 426-1305

SECTION C: NUMBER IN COLLEGE

Email: FinancialAid@boisestate.edu

Household and College Size Form 2023-2024

USE BLACK INK ONLY

SECTION A: STUDENT INFORMATION Write your name exactly as it appears on your Social Security card.						
Student Name:		First name	Student ID #:	_		
Last 4 of Social Security Number:		Date of Birth:	MM/DD/YYYY			
Phone Number:	:					

See the instructions on the previous pe included in your household.	How many people in the household will be college students between July 1, 2023 and June 30, 2024? Always count yourself as a college student. Do not include your parents. Do not include siblings, or family members who are in U.S. military service academies. Include others only if they will attend, at least half-time in 2023-2024, a program that leads to a college degree or certificate.			
FULL NAME	AGE AS OF FAFSA	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING	Will be enrolled at Least Half Time? (Yes or No)
1 Write student's name here		STUDENT	Boise State University	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Check here, if there are more than ten fam:	ily members	. Attach a list with	each additional family member's na	ame, age, relationship,

Continue to the next page.

college (if enrolled), and terms attending.

Student Name and ID#:

SECTION D: HOUSEHOLD MEMBER ADDITIONAL DETAILS

Please complete the following chart if you listed someone on the previous page who:

- Is not a biological/adopted/stepchild or a spouse (if no parental information was provided on the FAFSA).
- Is not a biological/adopted/stepchild or a parent (if parental information was provided on the FAFSA).
- Is 24 years or older (as of the date the FAFSA was originally filed) other than your spouse (if no parental information was provided on FAFSA) or your parent(s) (if parental information was provided on the FAFSA).

NOTE: If our office determines information should have been provided, but was omitted, additional information will be requested which may delay your financial aid processing. Being detailed in your explanation for additional household members is extremely helpful to us in determining your household size. If you need additional space to explain your situation, please attach additional paper.

Name of person:	Their monthly income:			
Is this person living with you (or your	If yes, will they continue to live with you (or your			
parents)?	parents) until June 30, 2024?			
Tyes Tno	☐YES ☐NO			
List any source of income for this person,				
including work, social security, child support,				
etc.				
Provide specific details that will help us to				
understand how you (or your parents) are				
providing more than 50% of this person's				
support.				
Name of person:	Their monthly income:			
T di di di	TO 11 1 1 1 1 1			
Is this person living with you (or your	If yes, will they continue to live with you (or your			
parents)?	parents) until June 30, 2024?			
TYES NO	□YES □NO			
List any source of income for this person,				
including work, social security, child support,				
etc.				
Provide specific details that will help us to				
understand how you (or your parents) are				
providing more than 50% of this person's				
support.				
By signing this document, I certify that the informatio	n reported is complete and correct. If I purposely give false or			
	ail, or both. Additional information may be requested if further			
clarification is necessary, or to resolve conflicting info	rmation.			
Student Signature (Disease wint this forms are used to student state)				
Student Signature (Please print this form or use the stylus to sign) Date				
Parent Signature	Date			

NOTE: If you were required to provide parental information on your FAFSA application, your parent MUST sign this form.

03/17/2023 AH FHC