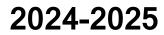


Household Size Form



Student's Name:

Student ID #:

Dependency Status – Per FAFSA

□ Independent Students:

Include yourself (and spouse), and your dependent children (even if they live apart due to college enrollment), and other people living with you now. Include these dependent children and other people **ONLY** if you will provide more than half of their support between July 1, 2024 and June 30, 2025.

NAME	Age	Relationship to INDEPENDENT Student	If this person will <i>attend</i> college half- time or more in 2024-2025, print the name of the college.	Degree Seeking?
1.		Self	Southwestern Oregon Comm College	Yes 🗹 No 🗆
2.		Spouse		Yes 🗆 No 🗆
3.		Child		Yes 🗆 No 🗆
4.		Child		Yes 🗆 No 🗆
5.		Child		Yes 🗆 No 🗆
6.		Other		Yes 🗆 No 🗆

Attach a list of the additional people if needed, providing the same information as requested above, for each.

Dependent Students:

Include the parent (and spouse or partner), yourself, your parent's dependent children (even if they live apart because of college enrollment), and other people living with the parent now. Include these dependent children and other people **ONLY** if the parent will provide more than half of their support between July 1, 2024 through June 30, 2025.

NAME	Age	Relationship to DEPENDENT Student	If this person will <i>attend</i> college half-time or more in 2024-2025, print the name of the college.	Degree Seeking?
1.		Self	Southwestern Oregon Comm College	Yes 🗹 No 🗆
2.		Parent Listed on FAFSA		Yes 🗆 No 🗆
3.		Parent's Spouse		Yes 🗆 No 🗆
4.		Sibling/Step-sib		Yes 🗆 No 🗆
5.		Sibling/Step-sib		Yes 🗆 No 🗆
6.		Other		Yes 🗆 No 🗆

[†]Attach a list of the additional people if needed, providing the same information as requested above, for each.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Signature and Date

Student's Signature

Parent's Signature