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ID # _____

2020/2021 Household Size (HHS) Form

List the people in your household below, including:

- Yourself
- Your spouse, if married
- Your parent(s), if dependent
- Children, if any, that you (or your parent, if dependent) will provide more than half of their support from July 1, 2020, through June 30, 2021, or if the child would be required to provide parental information if they were completing a FAFSA for 2020 - 2021. Include children who meet either of these standards, even if they do not live with in the household.
- Other people if they now live in the household and you (or your parent, if dependent) provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

*If anyone listed below will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2020, and June 30, 2021 you MUST include the name of the college he/she is attending.

Full Name	Age	Relationship	College	Enrolled in 6+ credits
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
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