



UNIVERSITY OF
MARYLAND

OFFICE OF STUDENT FINANCIAL AID

8NUMCOL

0102 Lee Building
College Park, Maryland 20742-5145
TEL: 301.314.9000 & 888.313.2404
TTY: 301.314.7017 (for Hearing impaired)
FAX: 301.405.9265/301.314.9587
www.financialaid.umd.edu
umfinaid@umd.edu

2008-2009 Household Size and Number in College

Student Name: _____ UID: _____

The Office of Student Financial Aid has completed an initial review of your Free Application for Federal Student Aid (FAFSA) and **needs to confirm the number of family members in your household.** For each individual, please indicate if he/she will be attending college and the number of credits he/she will take during 2008-2009 academic year.

***Note: All members of the household that will receive more than half of parent's support between July 2008 – June 2009 should be listed on this form.**

Name of Family Member	UID	Relationship To Student	Age	Name Of School	Number of Credits	
					Fall 2008	Spring 2009

I certify that the information listed above is correct and complete to the best of my knowledge.

Note: For Dependent Students this form must be signed by Parent and Student.

Student's Signature: _____ Date: _____

Spouse's/Parent's Signature: _____ Date: _____