



UNIVERSITY OF  
MARYLAND  
OFFICE OF STUDENT FINANCIAL AID

9NUMCOL

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**2009-2010 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 2009 - 2010 academic year.

**NOTE FOR DEPENDENT STUDENTS: All members of the household who receive more than half of their support from your parent(s) between July 2009 and June 2010 should be listed on this form. Include your parent(s).**

Name of Family Member	UID	Relationship To Student	Age	Name of School	Number of Credits	
					Fall 2009	Spring 2010
		Self		UMCP		

*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: \_\_\_\_\_