



1 College Place  
 Claremont, NH 03743  
 Phone: 603.542.7744 800.837.0658  
 Fax: 603.543.1844

Keene Academic Center  
 438 Washington St., Keene, NH 03431  
 Phone: 603.357.2142  
 Fax: 603.357.0408

Lebanon Academic Center  
 15 Hanover St, Lebanon, NH 03766  
 Phone: 603.443.4201

Website: [www.rivervalley.edu](http://www.rivervalley.edu)

## 2018-2019 Verification of Household Size and Number in College

The Household Size and Number of Household in College information that you reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) and the 2018-2019 NCC Verification Worksheet requires clarification. Please complete the form below, following the instructions:

<i>HOUSEHOLD SIZE INSTRUCTIONS</i>	
INDEPENDENT STUDENTS	DEPENDENT STUDENTS
Yourselves and your spouse, if married.	Yourselves, even if you don't live with your parents.
Your children, <i>if</i> you will provide more than half of their support between July 1, 2018 and June 30, 2019, even if they do not live with you.	Your parents (including step-parent)
Other people <i>if</i> they now live with you <i>and</i> you provide more than half of their support <i>and</i> you will continue to provide more than half of their support between July 1, 2018 and June 30, 2019.	Your parents' other children even if they don't live with your parent(s) <i>if</i> (a) your parents will provide more than half of their support between July 1, 2018 and June 30, 2019 <i>or</i> (b) the children would be required to provide parental information when applying for Federal Student Aid.
	Other people <i>if</i> they now live with your parents, for whom your parent(s) provide more than half of their support <i>and</i> will continue to provide more than half of their support between July 1, 2018 and June 30, 2019.

<i>NUMBER IN COLLEGE INSTRUCTIONS</i>	
INDEPENDENT STUDENTS	DEPENDENT STUDENTS
If any household members will be attending college at least half time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program, include the name of the college in the space below.	If any household members (other than your parents) will be attending college at least half time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program, include the name of the college below.

<i>HOUSEHOLD SIZE</i>			<i>NUMBER IN COLLEGE</i>
Full Name	Age	Relationship	College
		SELF	River Valley Community College

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge and I/we agree, if asked, to provide information that will verify the accuracy of this completed form.

**STUDENT NAME:** \_\_\_\_\_  
*(Printed)*

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

**STUDENT SIGNATURE:** \_\_\_\_\_

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

**PARENT SIGNATURE:** \_\_\_\_\_  
*(If Dependent Student)*

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