



Household Size Form

Year _____ Term _____

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 and June 30 of the academic year.

NAME	Age	Relationship to INDEPENDENT Student	If this person will <i>attend</i> college half-time or more in 2025-2026, print the name of the college.	Degree Seeking?
1.		Self	Southwestern Oregon Comm College	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.		Spouse		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Child		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		Child		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		Child		Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		Other		Yes <input type="checkbox"/> No <input type="checkbox"/>

↑ 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, 2025 through June 30, 2026.

NAME	Age	Relationship to DEPENDENT Student	If this person will <i>attend</i> college half-time or more in 2025-2026, print the name of the college.	Degree Seeking?
1.		Self	Southwestern Oregon Comm College	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.		Parent Listed on FAFSA		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Parent's Spouse		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		Sibling/Step-sib		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		Sibling/Step-sib		Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		Other		Yes <input type="checkbox"/> No <input type="checkbox"/>

↑ 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 _____ Date _____ Parent's Signature _____ Date _____