



Division of Student Financial Assistance
 CPO 59 – SSB 251
 521 Lancaster Ave.
 Richmond, KY 40475-3159

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 Fax: 859-622-2019
 E-Mail: finaid@eku.edu

**HOUSEHOLD SIZE STATEMENT
 2009-2010**

Student's Name:	EKU ID	Last 4 digits of SSN
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The review of your financial aid application indicates that there is a discrepancy in the number you reported in your household for the 2009-2010 Academic Year. The correct information is needed to continue processing your application. Return this form to the Division of Student Financial Assistance. Please contact this office if you have any questions regarding this matter.

INDEPENDENT STUDENTS

List the people in your household. Do **NOT** include foster children. Include: (A) yourself, (b) your spouse, if married (c) your children, if you or your spouse will provide more than half of their support from July 1, 2009 through June 30, 2010.

DEPENDENT STUDENT

List the people in your parents' household. Do **NOT** include foster children. Include: (a) yourself, (b) the parent(s) you used on the FAFSA (include step-parent), (c) your parents' other children **IF** (1) your parents will provide more than half of their support from July 1, 2009 through June 30, 2010.

Full Name	Relationship To Student	Age
	self/student	

 Student Signature

 Date

 *Parent Signature

 Date

*Required if parent information was required on FAFSA

