

Name: \_\_\_\_\_

G#: \_\_\_\_\_

**GEORGE MASON UNIVERSITY  
OFFICE OF STUDENT FINANCIAL AID  
4400 University Drive, MS 3B5  
Fairfax, VA 22030**

**(703) 993-2353 (phone)**

**(703) 993-2350 (fax)**

**2009-2010 Verification of Household Size for students  
NOT required to provide parent's data on FAFSA**

**Household Size:** Please list below the people you will support between July 1, 2009 and June 30, 2010.  
Please include:

- **Student**
- **Student's spouse**
- The **student's children** if they received or will receive more than half of their support from the student between July 1, 2009 and June 30, 2010.
- The student's **unborn child**, if that child will be born before or during the award year (July 1, 2009 through June 30, 2010) and the student will provide more than half of the child's support from the projected date of birth until the end of the award year.
- **Other persons**, if they live with and receive more than half of their support from the student at the time of application and will continue to live with the student and receive that support for the entire 2009-2010 award year (July 1, 2009 through June 30, 2010).

**\*\*NOTE:** For the "College Attending" column, include only those already in the household who will be attending a college or university that is eligible to participate in Federal financial aid, will be attending at least 6 credit hours in at least one term, and will be working towards a degree.

<b>FULL NAME</b>	<b>AGE</b>	<b>RELATIONSHIP TO STUDENT</b>	<b>COLLEGE ATTENDING**</b>
<i>e.g. John Doe</i>	<i>19</i>	<i>student (self)</i>	<i>George Mason</i>

I certify this information is correct. Should any changes occur to this information, I understand that I must notify the Office of Student Financial Aid in writing of the changes.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_