

4505 S. Maryland Pkwy. • Box 452016 • Las Vegas, NV 89154-2016  
702-895-3424 • unlv.edu/finaid

## 2023-2024 Dependent Household Size Clarification

After review of your 2023-2024 Verification form, there appears to be conflicting information regarding your household size. Please complete this form to include all of the household members.

If you would like to securely upload your documents to the UNLV Office of Financial Aid & Scholarships, please visit the [Self-Service Help Center](#) at [unlv.today/service](http://unlv.today/service).

<b>A. Student Information</b>
<p>Last Name: _____ First Name: _____ MI: _____</p> <p>NSHE: _____</p>
<b>B. Parent Household Information</b>
<p>Please list the people in your parent(s)' household, including:</p> <ul style="list-style-type: none"> <li>• Yourself, even if you do not live with your parents,</li> <li>• Your parent(s), this includes stepparents if your biological parents are separated or divorced. Include only the parent/stepparent whose information you were required to provide on the FAFSA.</li> <li>• The parent/stepparent whose information you were required to provide on the FAFSA.</li> <li>• Your parent(s)' other children if:             <ul style="list-style-type: none"> <li>○ (a) your parent(s) will provide more than half of their support between July 1, 2023 and June 30, 2024,</li> <li>○ or (b) the children would be required to provide parental information when applying for Federal Student Aid, and</li> </ul> </li> <li>• Other people if: they now live with your parent(s), your parent(s) provide more than half of their support, and will continue to provide more than half of their support between July 1, 2023 and June 30, 2024.</li> <li>• Also, write in the name of the college for any household member listed (excluding your parent(s), who will be attending college at least half-time in a program that leads to a college degree or certificate between July 1, 2023 and June 30, 2024.</li> </ul>

Full Name	Age	Relationship to Student	Full Name of College (if attending at least half-time for the 2023-24 academic year)
		Self (student)	University of Nevada, Las Vegas

**Student Name:** \_\_\_\_\_ **NSHE:** \_\_\_\_\_

		Parent	N/A

If more space is needed, provide a separate page with the student's name and NSHE ID number at the top. We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**C. Signature**

By signing this form, I certify that all information is completed and accurate.

\_\_\_\_\_

Student Signature

Date

\_\_\_\_\_

Parent Signature

Date