## UNIV | FINANCIAL AID & SCHOLARSHIPS

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## 2024-25 Dependent Household Size Clarification

After review of your 2024-25 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 <u>Rebel Success Hub</u> at unlv.today/Rebel-Success.

A. Student Information					
Last Name:	First Name:	MI:			
NSHE:					
B. Parent Household Information					
Please list the people in your parent(s)' household, inclu	ding:				
<ul> <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> </ul>					
<ul> <li>The parent/stepparent whose information you were represented by the parent/stepparent whose information you were represented by the parent/stepparent whose information you were represented by the parent whose information you whose information you were represented by the parent whose</li></ul>					
• Your parent(s)' other children if:					
• (a) your parent(s) will provide more than half of their support between July 1, 2024 and June 30, 2025,					
<ul> <li>or (b) the children would be required to Aid, and</li> </ul>	provide parental information when applying for Fed	deral Student			
<ul><li>continue to provide more than half of their support</li><li>Also, write in the name of the college for any ho</li></ul>	), your parent(s) provide more than half of their su ort between July 1, 2024 and June 30, 2025. usehold member listed (excluding your parent(s), v that leads to a college degree or certificate betwee	who will be			

Full Name	Age	Relationship to Student	Full Name of College (if attending at least half-time for the 2024-25 academic year)
		Self (student)	University of Nevada, Las Vegas
		Parent	N/A

Student Name:		NSHE:	
If more space is needed, provid	1 1 0		•
may require additional docume			regarding the household
members enrolled in eligible po	stsecondary educational institu	tions is inaccurate.	

## C. Signature

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

Student Signature

Date

Parent Signature

Date