

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload/login.htm>



Preparing people to lead extraordinary lives

2026-2027 Independent Student Household Size Verification

Student Name: _____ (Please print)	Loyola ID: _____ (Your 11-digit Loyola ID number begins 0000)
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List the number of people whom you or your spouse will support between July 1, 2026 and June 30, 2027.

Include yourself (and your spouse). Include your or your spouse's children if the children get more than half of their support from you or your spouse. Include other people only if they now live with and get **more than half their support from you or your spouse** and will continue to get this support between July 1, 2026 and June 30, 2027. If there are more than five people, please attach a sheet listing additional family members.

(Support includes: 51% of all support the listed person may need for the year this may include but not limited to money, gifts, loans, housing, food, clothes, cars, medical and dental, payment of college costs, etc.)

Full Name of Family Member	Age	Relationship To You, the Student	Attending undergraduate college at least half-time during 2026–2027?	Degree Program (for example: B.S., M.S.)	Name of College or University family member will attend in 2026–2027?
Jane Doe	24	Student	Yes	B.S.	Loyola University Chicago
John Doe	24	Spouse	No	N/A	N/A
1.					
2.					
3.					
4.					
5.					

Certification Statement:

All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature*

Date

Spouse's Signature*

Date

* Typed and digital signatures are not acceptable

HI 2027