

Return this form to:
Mail: HCC Financial Aid
 606 West Main
 Highland KS, 66035
Email: financialaid@highlandcc.edu
Fax: 785-442-6106
Phone: 785-442-6000 ext. 2002

2026-2027 Verification of Household Size

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Last 4 digits of Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Primary Phone Number

B. Student's Family Information

List below the people in your (or your parent(s)', **ONLY if you are a dependent student**) household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s)
- Your parent(s)' other children if your parent(s) will provide more than half of their support from **July 1, 2026, through June 30, 2027**, or if the other children would be required to provide parental information if they were completing a FAFSA for 2026–2027. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support **through June 30, 2027**.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between **July 1, 2026 and June 30, 2027**. *If more space is needed, attach a separate page with the student's name and last 4 digits of the SSN at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student (**and one parent, if you are a dependent student**) must sign and date this form. Please return this form via email to financialaid@highlandcc.edu or by fax to 785-442-6106.

Student's Signature	Date
Parent's Signature (if dependent)	Date

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.