

**Lamar Institute of Technology**  
**AFFIDAVIT OF HOUSEHOLD SIZE**

Office Use Only  
HHS

This form **MUST** be Notarized

**Student Name:** \_\_\_\_\_ **Student T-Number:** \_\_\_\_\_

The information provided on the FAFSA must accurately reflect the true status of a student and **only those household members that qualify** under the definitions given in the FAFSA booklet. We have received conflicting information concerning the number of qualified members in your household.

This affidavit is required to eliminate contradictory data received through the application process.

**Listed below are the names, relationship, and ages of all those in my household:**

Name	Relationship	Age	Name	Relationship	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The number you have reported for your parents' number of family members is significantly different than the number you reported on your FAFSA last year. Please **explain any differences** between the number of people listed in your household (FAFSA) last year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the above information is an  
Printed Name  
accurate and true accounting of those persons currently residing in my household, as defined in the Free Application for Federal Student Aid (FAFSA).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature required if student applicant is dependent)

**Subscribed to and sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My Commission Expires: \_\_\_\_\_

In accordance with Leg. HB 1922, an individual is entitled to request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.