



Trinity College
HARTFORD CONNECTICUT

Financial Aid Office
300 Summit Street
Hartford, CT 06106

Household Confirmation 2019-2020

Telephone: (860) 297-2046
Fax: (860) 987-6296
Email: financial-aid@trincoll.edu

Student Information

_____, _____
Last Name First Name M.I. Trinity ID #

A review of your financial aid application for 2019-20 has revealed conflicting or discrepant information that must be resolved before we can calculate your eligibility for need-based financial aid.

A. Number in Household: List how many people are in your custodial parents' household.

Include:

- yourself, even if you don't live with your parents,
- your parents
- your parents' other children, even if they do not live with your parents, if (a) your parents will provide more than half of their support between July 1, 2019 and June 30, 2020, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and,
- other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2019 and June 30, 2020.

Full Name	Age	Relationship to Student Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Number in College: List all of your siblings in your custodial parents' household who will be enrolled in an undergraduate or graduate degree program at least half-time in 2019-20.

Sibling Name	Enrollment:		Institution	Degree Program:		Anticipated Graduation Date
	Full-time	Half-time		Undergraduate	Graduate	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

C. Certification & Signatures: By signing this document, we certify that all of the information reported to qualify for Federal and institutional student aid is complete and correct. Both parent and student must sign and date.

Student Signature (must be handwritten) Date

Custodial Parent Signature (must be handwritten) Date