



Office of Financial Aid  
Phone (928) 344-7634  
FAX (928) 317-6420  
financialaid@azwestern.edu

## Change in household size or number in college

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Significant differences in household size or number in college have been noted between the information you reported on your current and prior year FAFSAs. Please help us clarify the cause of those differences by providing details of family members you included in the count.**

In the space below, please describe the circumstances that caused the significant differences in household members.

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**Student certification:** By signing below, I acknowledge that I have read and understand the information on this form. I certify that all information on and submitted with this form is true and correct. I will provide additional information, if requested, to the AWC Office of Financial Aid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date