

**HOLYOKE
COMMUNITY
COLLEGE**

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

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Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

INDEPENDENT Household Documentation Form (2020-2021)

Student Name: _____ **Student ID:** _____

We need clarification of your household size as reported on your Free Application for Federal Student Aid (FAFSA). Please fill in the information below correcting anything that may have been reported incorrectly at the time you completed your FAFSA.

Fill in information only about the following people:

- Yourself, and your spouse* (unless separated at the time you first filed your 2020-2021 FAFSA).
- Your children, if you will provide more than half of their support from July 1, 2020, through June 30, 2021, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support between July 1, 2020 and June 30, 2021.

*Consistent with the Supreme Court decision holding Section 3 of the Defense of Marriage Act (DOMA) unconstitutional, same-sex couples must report their marital status as married if they were legally married in a state or other jurisdiction (foreign country) that permits same-sex marriage, without regard to where the couple resides.

FULL NAME	AGE	RELATIONSHIP	LIST COLLEGE ATTENDING if at least half-time for a degree or certificate (between July 1, 2020 and June 30, 2021)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT SIGNATURE: _____

DATE: _____

For more information on processing and verification deadlines, please visit <http://www.hcc.edu/finaid/deadlines>.