## **2017-2018** Dependent Household Information Worksheet

Student Last	Student First	Middle Ini	tial Studen	nt SSN
Number of Household	Members: Lis	t below the people in the	e <b>parent's household</b> . In	clude:
<ul> <li>The student</li> </ul>				
<ul> <li>The parents (</li> </ul>	including a ste	epparent) even if the stu	dent doesn't live with th	e parents.
• The parents'	other children	if the parents will provide	le more than half of the	children's support from July
1, 2017, throu	ugh June 30, 2	018, or if the children w	ould be required to prov	ide parental information if
they were co	mpleting a FAI	FSA for 2017-2018. Inclu	de children who meet ei	ther of these standards, even
if a child does	not live with	the parents.		
<ul> <li>Other people</li> </ul>	if they now liv	ve with the parents and	he parents provide mor	e than half of the other
person's supp 2018.	oort, and will o	continue to provide more	than half of that persor	n's support through June 30,
Number in College: Inc	lude in the spa	ace below information a	oout any household mer	mber (EXCLUDING YOUR
PARENTS) who is, or wi	ill be, <b>enrolled</b>	<b>I at least half time</b> in a d	egree, diploma, or certif	icate program at an eligible
postsecondary education	onal institution	n any time between July	1, 2017, and June 30, 20	18, and include the name of
the college.				
(If more space is nee	eded, attach a se	eparate page with your nar	ne and SSN at the top)	
			_	
				FORM WILL BE REQUESTED.
Full Name	Age	Relationship to student	College	Will be enrolled at least half time
Marty Jones (example)	28	Brother	Central University	Yes
		Self		
Note: We may require	additional do	cumentation if we have	reason to helieve that t	he information regarding the
		ible postsecondary educ		
mousenoid members e	in onea in eng	ibic postsecondary cade		accarate.
CERTIFICATION & S	CNIATURE			
	_			
Each person signing below information reported is co				
information reported is co	implete and col	rect		
Student Signature (Requi	red)	Date (Required MI	M/DD/YYYY)	

Date (Required MM/DD/YYYY)

Parent Signature (Required)