

# 2019-2020 Dependent Household Information Worksheet

Student Last

Student First

Middle Initial

Student SSN

**Number of Household Members:** List below the people in the **parent's household**. Include:

- The student
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2019, through June 30, 2020, or if the children would be required to provide parental information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2020.

**Number in College:** Include in the space below information about any household member (**EXCLUDING YOUR PARENTS**) who is, or will be, **enrolled at least half time** in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, and include the name of the college.

*(If more space is needed, attach a separate page with your name and SSN at the top)*

**\*NO FIELD SHOULD BE LEFT BLANK FOR ANY MEMBER OF HOUSEHOLD. IF LEFT BLANK, NEW FORM WILL BE REQUESTED.**

Full Name	Age	Relationship to student	College	Will be enrolled at least half time
<i>Marty Jones (example)</i>	<i>28</i>	<i>Brother</i>	<i>Central University</i>	<i>Yes</i>
		Self		

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

## CERTIFICATION & SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date (Required MM/DD/YYYY)

\_\_\_\_\_  
Parent Signature (Required)

\_\_\_\_\_  
Date (Required MM/DD/YYYY)