

Number in Household and College

Independent

Print Student's Name: _____

Student's Date of Birth: _____

B-Number: _____

FAMILY SIZE & # IN COLLEGE:

In the chart below write in the name, age, and relationship of all the people in the household, be sure to include:

- **Yourself;**
- **Your spouse**, if you are married;
- **You or your spouse's children**, if you or your spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with you.
- **Other people if they now live with you**, and you or your spouse 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, 2024.
- Be sure to indicate if each household member listed below will be attending a college at least half time between July 1, 2023 and June 30, 2024 enrolled in a degree, diploma, or certificate program.
- **DO NOT LIST YOUR PARENTS OR SIBLINGS UNLESS YOU PROVIDE MORE THAN 50% OF THEIR FINANCIAL SUPPORT.**

Be sure to indicate if each household member listed below will be attending a college at least half time between July 1, 2023 and June 30, 2024 enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	Name of College or Check 'None' if not enrolled	
<i>Example: Ima Student</i>	<i>18</i>	<i>self</i>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> College Name: <i>Binghamton</i>
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:
			<input type="checkbox"/> None	<input type="checkbox"/> College Name:

I certify that the information provided on this form is true and correct to the best of my/our knowledge. I understand that if information differs from the FAFSA, it may result in a change in eligibility for federal funds.

Student Signature: _____

Date: _____