

HOUSEHOLD SIZE



INDEPENDENT STUDENT FAMILY INFORMATION

ONLY COMPLETE ONE SIDE OF THIS FORM

(COMPLETE THIS SIDE IF YOU ARE NOT REQUIRED TO PROVIDE PARENT INFORMATION ON YOUR FAFSA)

Last Name	First Name	IVII	CTCLINK ID	For Oπicial Use Only	
List the people in you	r household below. Includ	le:			

- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2024 through June 30, 2025; OR if the child would be required to provide your information on their 2024-25 FAFSA. Include children who meet either of these standards, 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 their support through June 30, 2025.
- Exclude foster children.

Include the name of the college for any household member who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2024 and June 30, 2025. If more space is needed, attach a separate page with your name and Social Security Number at the top.

Full name	Age	Relationship	College		Will be enrolled at least half-time	
John Doe (example)	28	Self	Central University	Yes		
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	
				Yes	No	

Student Certification Statement: By submitting this form, I certify that all the information	on above is complete and correct.
Signature	Date

Please mail/deliver/fax this form to the address or number listed below.

Office use only					
		Scanned	Posted		
Received			Code: 41		
			Form last updated: AUG24JS		
Revisions: Yes No	If yes, completed by	/:	Date:		



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Last Name	First Name	MI	ctcLink ID	For Official Use C	For Official Use Only	
List the people in your yourself and Your parents their support provide pare either of the Other people more than h 2023. EXCLUDE for Include the name of enrolled at least hall between July 1, 20	DENT'S FAMILY INFORDUR parent(s) household by your parent(s) /step-parent(s) other the from July 1, 2022 through the from July	below. Include: rent(s) even if yo children if your parent and ough June 30, 20 were completing ey do not live with ur parent(s)/stepwill continue to prosecute the sehold member, artificate program	erent(s)/step-paren 223; OR if the other a FAFSA for 2022 a your parent(s). parent(s) and your ovide more than have excluding your parent at a postsecondary	t(s) will provide more the children would be received. Include children was parent(s)/step-parent(s) alf their support through ent(s)/step-parent(s), will be educational institution.	an half of equired to who mee s) provid June 30 ho will be any time	
<i>and Social Security</i> Full nan		Relationship	Colleg	ge Will be er	rolled at	
		·		least ha	alf-time	
John Doe (example)	18	Self	Central Un			
				Yes		
				Yes		
				Yes		
				Yes		
				Yes Yes		
	rtification Statement: form, I certify that all	the information	above is complete			
Parent Signature Please mail/deliver/fax this form to the address or num			Date)		
riease maii/deiive	i/iax this form to the a					
		Office use	only			