

## 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	MI	ctcLink ID	For Official Use Only
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List the people in your household below. Include:

- Yourself.
- 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	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 above is complete and correct.

Signature

Date

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

Office use only			
Received		Scanned	Posted
		Code: 41	
		Form last updated: AUG24JS	
Revisions: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, completed by: _____ Date: _____	

## DEPENDENT STUDENT FAMILY INFORMATION

\*\*\*ONLY COMPLETE ONE SIDE OF THIS FORM\*\*\*

(COMPLETE THIS SIDE IF YOU ARE REQUIRED TO PROVIDE PARENT INFORMATION ON YOUR FAFSA)

Last Name	First Name	MI	ctcLink ID	For Official Use Only
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### DEPENDENT STUDENT'S FAMILY INFORMATION:

List the people in your parent(s) household below. Include:

- Yourself and your parent(s)/step-parent(s) even if you don't live with your parent(s)/step-parent(s).
- Your parent(s)/step-parent(s) other children if your parent(s)/step-parent(s) will provide more than half of their support from July 1, 2022 through June 30, 2023; OR if the other children would be required to provide parental information if they were completing a FAFSA for 2022-23. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s)/step-parent(s) and your parent(s)/step-parent(s) provide more than half of their support and will continue to provide more than half their support through June 30, 2023.
- **EXCLUDE foster children.**

Include the name of the college for any household member, excluding your parent(s)/step-parent(s), who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2022 and June 30, 2023. *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)	18	Self	Central University	Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

### Student/Parent Certification Statement:

By submitting this form, I certify that all the information above is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

Office use only			
Received		Scanned	Posted
		Code: 41	
		Form last updated: DEC22FM	
Revisions: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, completed by: _____ Date: _____	