

Student Name _____ Univ. ID# _____

You have listed someone as a member of your/your parent(s)' household who may not meet the federal criteria to be included in the household size.

Other people may be included in the household size if they now live with you and/or your parents, you or your parents provide more than half of their support, and you or your parents will continue to provide more than half of their support between July 1, 2024 and June 30, 2025.

Name of other person: _____ Relationship to student _____

Please delete this person from my/my parents' household size; I do not believe they meet the criteria to be included in the household size.

1. On the date you filed your FAFSA (_____), did this person physically reside in:
 your household your parents' household elsewhere to attend college other: _____

2. Who provided more than half of this person's support at the time your FAFSA was filed?
 you your parents neither

3. Who claimed this person on a 2022 Federal Income Tax Return?
 you your parents neither

4. List this person's source(s) of income and the total amount expected from July 1, 2024 until June 30, 2025.

5. Who will provide more than half of this person's support now and through June 30, 2025?
 you your parents neither

6. Who will claim this person on a 2024 Federal Income Tax Return?
 you your parents neither

7. If this person will be attending college at least half-time for the 2024-2025 academic year, list the name of the college.

I certify that ALL of the information on this form is true and complete.

Required Student Signature

Date

Required Parent Signature
(Dependent Student Only)

Date

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.