2018-2019
ADELPHI UNIVERSITY

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:

Independent Student: Number of Household Members & Number in College

Number of Household Members: List below the people in the student's household. Only include individuals who meet the federal definition as defined below:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2018, through June 30, 2019, even if the child does not live with the student.
- **Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2019.** ***If you are including a person(s) who meets this definition, you are required to complete the back of this form.***

Number in College: Include below information about, any household member who 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, 2018, and June 30, 2019. Include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

NUMBER OF ALL HOUSEHOLD MEMBERS **NUMBER IN COLLEGE**

FULL NAME	AGE	RELATIONSHIP	COLLEGE	WILL BE ENROLLED FOR 6 CREDITS OR MORE
		SELF	ADELPHI UNIVERSITY	☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO

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

Certification and Signatures

Each person signing this worksheet certifies that all of the information on it is complete and correct.
Electronic corrections to your FAFSA may be made by our office if there are discrepancies between the information on this form and the data you filed on your FAFSA. The student AND spouse (if applicable) must sign and date this form.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	STUDENT SIGNATURE:	DATE:
	SPOUSE SIGNATURE (OPTIONAL):	DATE:

You should complete this section only if you included in the household individual(s) OTHER than yourself, your spouse, or your children/step-children.

Documentation of Student/Spouse Support for "Other" individual(s) included in Household

You must fill out a box for every "Other" individual listed on this worksheet.

In addition, you MUST provide documentation that the individual resides with you/your spouse.

If more space is needed, provide a separate page with the student's name and ID number at the top.

NAME OF "OTHER" PERSON IN HOUSEHOLD: _____

RELATIONSHIP OF INDIVIDUAL(S) TO STUDENT: _____

DOES THIS PERSON CURRENTLY LIVE WITH THE STUDENT AND WILL CONTINUE TO LIVE WITH THE STUDENT? ☐ YES ☐ NO

DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM THE STUDENT? ☐ YES ☐ NO

WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM THE STUDENT THROUGH JUNE 30, 2019? ☐ YES ☐ NO

DOES THIS PERSON RECEIVE ANY SOURCE OF INCOME (IE: WORK, SOCIAL SECURITY BENEFITS, ETC.)? ☐ YES ☐ NO

IF SO: SOURCE 1:_____ YEARLY AMOUNT RECEIVED $_____

SOURCE 2:_____ YEARLY AMOUNT RECEIVED $_____

NAME OF "OTHER" PERSON IN HOUSEHOLD: _____

RELATIONSHIP OF INDIVIDUAL(S) TO STUDENT: _____

DOES THIS PERSON CURRENTLY LIVE WITH THE STUDENT AND WILL CONTINUE TO LIVE WITH THE STUDENT? ☐ YES ☐ NO

DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM THE STUDENT? ☐ YES ☐ NO

WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM THE STUDENT THROUGH JUNE 30, 2019? ☐ YES ☐ NO

DOES THIS PERSON RECEIVE ANY SOURCE OF INCOME (IE: WORK, SOCIAL SECURITY BENEFITS, ETC.)? ☐ YES ☐ NO

IF SO: SOURCE 1:_____ YEARLY AMOUNT RECEIVED $_____

SOURCE 2:_____ YEARLY AMOUNT RECEIVED $_____

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	SPOUSE SIGNATURE (OPTIONAL):	DATE: