

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:
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Number of Household Members: List below the people in the parents' household. Only include individuals who meet the federal definition as defined below:

- Yourself, even if you do not live with your parents.
- Your parent(s) whose information was required on the FAFSA (including a stepparent) even if you (the student) don't live with your parents.
- Your parents' other children, which includes your siblings, step-siblings and half-siblings. If your parents will provide more than half of the children's support from July 1, 2019 through June 30, 2020.
- **Other people if they now live with your parents and your parents provide more than half of the other person's support and will continue to provide more than half of their support through June 30, 2020. 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, excluding the parents, 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, 2019, and June 30, 2020. 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.

If your parents are divorced or separated and do not reside in the same house, include only the parent (and stepparent if applicable) whose information you were required to report on your FAFSA

NUMBER OF ALL HOUSEHOLD MEMBERS

NUMBER IN COLLEGE

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE	WILL BE ENROLLED FOR 6 CREDITS OR MORE
		SELF (STUDENT)	ADELPHI UNIVERSITY	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> 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 one parent 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:
	PARENT SIGNATURE:	DATE:

You should complete this section only if you included in the household individual(s) OTHER than yourself, your parents/stepparent, siblings, step-siblings, half-siblings or grandparents.

Documentation of Parental 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 your parent(s).

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 TO STUDENT: _____	
DOES THIS PERSON CURRENTLY LIVE WITH YOUR PARENT <u>AND</u> WILL CONTINUE TO LIVE WITH YOUR PARENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOUR PARENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM YOUR PARENT(S) THROUGH JUNE 30, 2020?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS PERSON RECEIVE ANY SOURCE OF INCOME (IE: WORK, SOCIAL SECURITY BENEFITS, ETC.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO: SOURCE 1: _____	YEARLY AMOUNT RECEIVED \$ _____
SOURCE 2: _____	YEARLY AMOUNT RECEIVED \$ _____

NAME OF “OTHER” PERSON IN HOUSEHOLD: _____	
RELATIONSHIP OF INDIVIDUAL TO STUDENT: _____	
DOES THIS PERSON CURRENTLY LIVE WITH YOUR PARENT <u>AND</u> WILL CONTINUE TO LIVE WITH YOUR PARENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOUR PARENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM YOUR PARENT(S) THROUGH JUNE 30, 2020?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THIS PERSON RECEIVE ANY SOURCE OF INCOME (IE: WORK, SOCIAL SECURITY BENEFITS, ETC.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO: SOURCE 1: _____	YEARLY AMOUNT RECEIVED \$ _____
SOURCE 2: _____	YEARLY AMOUNT RECEIVED \$ _____

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	PARENT SIGNATURE: _____	DATE: _____