

List below <u>ALL</u> the people in <u>your household</u>. Include anyone your parents will financially support more than **50% from July 1, 2022 through June 30, 2023.** *If more space is needed, provide a separate page with the student's name and ID number at the top.*

Include: The student

Your parent(s), including stepparent

 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

Your siblings, stepsiblings, and half-siblings

Other individuals (i.e., grandparents, cousins, nephews, nieces, aunts, uncles, etc.)

All columns below must be completed

HOUSEHOLD MEMBERS

COLLEGE INFORMATION

AGE	RELATIONSHIP TO STUDENT	COLLEGE (LEAVE BLANK IF NOT APPLICABLE)	WILL BE ENROLLED FOR 6 CREDITS <u>OR</u> MORE
	SELF (STUDENT)	ADELPHI UNIVERSITY	🗆 YES 🗌 NO
			🗌 YES 🗌 NO
			🗆 YES 🗌 NO
			🗆 YES 🗌 NO
			🗆 YES 🗌 NO
			YES NO
			🗆 YES 🔲 NO
			□ YES □ NO
			🗌 YES 🔲 NO
	AGE	AGE TO STUDENT SELF	AGE RELATIONSHIP TO STUDENT (LEAVE BLANK IF NOT APPLICABLE) SELF ADELPHI UNIVERSITY

Certification and Signatures

<u>The student and parent must sign and date this form</u> to certify that all of the information on this worksheet 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.

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 may submit this document and any additional requested documentation to the Office of Student Financial Services in person, by fax (516-877-3380), or mail (Adelphi University, Levermore Hall Lower Level – Rm 1, 1 South Avenue, P.O. Box 701, Garden City, NY 11530).