

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:
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Independent Student: Household Members Worksheet

Number of Household Members: List below the people in the student's household. Include:

- 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, 2022, through June 30, 2023, 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 person's support and will continue to provide more than half of their support through June 30, 2023.**

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

****All columns below must be completed****

HOUSEHOLD MEMBERS

COLLEGE INFORMATION

HOUSEHOLD MEMBERS FULL NAME	AGE	RELATIONSHIP	COLLEGE (LEAVE BLANK IF NOT APPLICABLE)	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 any discrepancies between the information on this form and the data you filed on your FAFSA. The student 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 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).