2024-2025

ADELPHI UNIVERSITY

Student Last Name: _____

Student First Name: _____

Student AU ID #: _____

Independent Student: Household Member Worksheet

List below **ALL** the people in your (the student's) household.

Include the following:

- The student (yourself)
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
  - They live with the student (or live apart because of college enrollment).
  - They receive more than half of their support from the student.
  - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
  - They live with the student.
  - They receive more than half of their support from the student.
  - They will continue to receive more than half their support from the student during the award year.

HOUSEHOLD MEMBER'S FULL NAME	AGE	RELATIONSHIP TO STUDENT
		SELF (STUDENT)

Student signature: _____ Date of completion: _____