

STUDENT LAST NAME:	STUDENT FIRST NAME:	AU ID#:
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Independent Student: Household Members & Number in College

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, 2023, through June 30, 2024, 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, 2024. If you are including a person(s) who meets this definition, you are REQUIRED to complete the front and back of this form.**

Number in College: Include below information about all household members. Indicate 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, 2023, and June 30, 2024. Include the full name of the college/university.

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

HOUSEHOLD MEMBERS

COLLEGE INFORMATION

FULL NAME	AGE	RELATIONSHIP	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 any 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.

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 THE STUDENT <u>AND</u> WILL CONTINUE TO LIVE WITH THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM THE STUDENT THROUGH JUNE 30, 2024? <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 THE STUDENT <u>AND</u> WILL CONTINUE TO LIVE WITH THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS PERSON RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM THE STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WILL THIS PERSON RECEIVE MORE THAN HALF SUPPORT FROM THE STUDENT THROUGH JUNE 30, 2024? <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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	SPOUSE SIGNATURE (OPTIONAL): _____	DATE: _____

You may submit this document and any additional requested documentation to the One-Stop Student Services Center in person, by fax (516-877-3380), or mail (Adelphi University, Levermore Hall Lower Level – Rm 8, 1 South Avenue, P.O. Box 701, Garden City, NY 11530).