

**2027-2027**

**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.

<b>HOUSEHOLD MEMBER'S FULL NAME</b>	<b>AGE</b>	<b>RELATIONSHIP TO STUDENT</b>
		<b>SELF (STUDENT)</b>

Student signature: \_\_\_\_\_ Date of completion: \_\_\_\_\_