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|  | ***Office of Financial Aid***  DeKalb Campus –Bldg. A  Room 163: Fax: 404-294-6290  Newton Campus- Bldg. A  Room 214: Fax: 770-784-2475 | Household Members & Number in College2017-18 School YearDependent or Independent Student |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # 900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name First Name MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP (Area Code) Phone Number

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| **Dependent Students** | **Independent Students** |
| List below the people in the parents’ household. Include:   * The student * The parents (including a stepparent) even if the student doesn’t live with the parents. * The parents’ other children if the parents will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards even if the children do not live with the parents. * Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.   For any household member, **excluding the parents**, 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, 2017, and June 30, 2018, include the name of the college. | 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 their support from July 1, 2017, through June 30, 2018, even if the children do not live with the student. * Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2018.   For any household member 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, 2017, and June 30, 2018, include the name of the college. |

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| Student Name: |  | | | Student ID: | |  |
|  |  | | |  | |  |
| **Full Name of Family Member** | | **Age** | **Relationship to Student** | | **College Attending**  **July 1, 2017– June 30, 2018** | | |
| *(EXAMPLE) Missy Jones* | | *18* | *Sister* | | *Central University* | | |
|  | |  | Self | | Georgia Piedmont Technical College | | |
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Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For Dependent Student)

**Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in postsecondary educational institutions is inaccurate**.