

Number in Household/College Dependent

STUDENT INFORMATION

Print Student's Name: _____

B-Number: _____

FAMILY SIZE & # IN COLLEGE:

In the chart below, write in the name, age, and relationship of your **legal parent(s)** that would provide more than half of your support from July 1, 2023 through June 30, 2024. A legal parent is a biological, adoptive, and/or Stepparent.

- If your legal parents are **married and living together**, list both parents below.
- If your legal parents are **not married, but live together**, list both parents below.
- If your legal parents are **separated, divorced, or widowed**, list your custodial parent below.
 - If your custodial parent is **remarried**, you must also list your Stepparent.

Full Name	Age	Relationship
		Parent 1
		Parent 2 or Stepparent <i>(read instructions above)</i>

In the chart below write in the name, age, and relationship of all the people in the household, be sure to include:

- **Yourself**;
- Your **parents' other children**, even if they do not live with your parent(s), if:
 - Your parents will provide more than half of their support from July 1, 2023 through June 30, 2024, or
 - The children would be required to provide parental information when applying for federal aid;
- **Other people if they now live with your parents** and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Be sure to indicate if each household member listed below will be attending a college at least half-time between July 1, 2023 and June 30, 2024 enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	Name of College or Check 'None' if not enrolled	
Example: Ima Student	18	self	<input type="checkbox"/> None	<input checked="" type="checkbox"/> College Name: <i>Binghamton</i>
			<input type="checkbox"/> None	<input type="checkbox"/> College Name: _____
			<input type="checkbox"/> None	<input type="checkbox"/> College Name: _____
			<input type="checkbox"/> None	<input type="checkbox"/> College Name: _____
			<input type="checkbox"/> None	<input type="checkbox"/> College Name: _____
			<input type="checkbox"/> None	<input type="checkbox"/> College Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____