



2026-2027 Independent Number in Household

Student Name: _____ Student ID#: _____

List below the people in your household. Include:

- ✓ Yourself
- ✓ Your spouse, if you are married
- ✓ Your children if you will provide more than half of their support from July 1, 2026 through June 30, 2027, even if the child doesn't live with you.
- ✓ Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support through June 30, 2027.

If more space is needed, attach a separate page with your name and student ID at the top of the page.

Full Name	Age	Relationship
		Self

Certification and Signature

By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine, imprisonment, or both.

Student's Signature: _____ Date: _____