

## HOUSEHOLD SIZE – Dependent Student

**Student Name:** \_\_\_\_\_ **BSU ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Please Print)

We have received conflicting information and in order to resolve this, we ask that you complete the charts below. List the name, age and relationship of each person in your household. Use the following guidelines to determine which family members you should list.

**You filed as a dependent student:**

If you, the student, were born after January 1, 1987 and are required to include parental information on FAFSA, you must have your parent complete the charts below.

**PARENT: Please read the instructions and complete the three charts below:**

- Include yourself and spouse. If you are separated or divorced, you should be the parent indicated on your child’s original FAFSA application;
- Include your child who applied for financial aid, even if they do not live with you;
- Include your other children, even if they don’t live with you now, if (a) you will provide more than half of their support from July 1, 2010 through June 30, 2011, or (b) the children would be required to provide parental information when applying for Federal Student Aid;
- Include other people if they now live with you, and you provide more than half or their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.
- “Support” includes money, loans, housing, food, clothes, car, medical care, payment of college costs, etc.

**CHART A**

Name of person	Age	Relationship to you (e.g., niece, nephew, parent, stepparent)	Currently living with you? (Yes/No)	Do you provide more than 50% of support? (Yes/No)
		STUDENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		PARENT	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHART B – Information about person(s) 23 yrs or younger and NOT currently living with you.**

Name of person	Married?	Have children or dependents?	Are active duty military or veteran?
	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHART C – Information about person(s) 24 yrs or older AND currently living with you.**

Name of person	Married?	Monthly amount of income	Source of income (e.g. work, Social Security, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**STUDENT Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_

**PARENT Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_