

## HOUSEHOLD SIZE – Independent 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 chart 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 an independent student (were not required to include parental information on FAFSA):**

- Include yourself;
- Include your spouse if you are married;
- Include your children if you will provide **more than half** of their support from July 1, 2010 through June 30, 2011;
- Include other people only if they now live with you AND you provide more than half of their support, AND you will continue to provide this support between July 1, 2010 and 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., spouse, son, daughter)	Currently living with you? (Yes/No)	Do you provide more than 50% of their support? (Yes/No)
		STUDENT	-----	-----
			<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**

Describe the amounts and sources of funding that would allow us to see that you are providing more than 50% of each of the above person's support. Use back of form, if needed.

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