



Office Use Only

Office of Financial Aid
2016-2017 Household Worksheet

The information requested on this form is needed to process your application for financial aid for the 2016-2017 school year. Complete this form and return it to the Office of Financial Aid so your application can be processed. If you have been notified that you must complete this form and fail to do so, you may jeopardize your eligibility for financial aid. Refer to our website for submission deadlines. Please print. **Incomplete forms cannot be accepted.**

Student's Last Name First Name

XXX-XX-_____
SSN: (last four digits)

Date of Birth

Phone Number (include area code)

Student's Household Information

Independent students include:

- Yourself.
- Your spouse, if you are married.
- Your children (and your spouse's children) if you or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people who now live with you if you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Dependent students include:

- Yourself.
- Your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with your parent(s).
- Other people who now live with your parent(s) and your parent(s) provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Include information about 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, 2016, and June 30, 2017.

Notes:

- If parents live in the same household, regardless of marital status, they must both be included in the household.
- If you have parents attending college or if you have siblings in high school who are attending classes at college/university, do not list them as enrolled in college for purposes of this form.
- Do not include foster children.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

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

Certification and Authorization:

By signing this form, we certify that all the information reported is complete and correct. I understand that if I purposely give false or misleading information on this form, I may be fined, sentenced to jail, or both. I understand that NDMU office of financial aid is authorized to make changes to my FAFSA based on the information I report on this form.

Student Signature

Date

Parent Signature (required for dependent student)

Date

This form contains personally identifiable information.
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