1617 XHD17

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Student ID # Last Name First Name

2016-2017 DEPENDENT HOUSEHOLD FORM

PLEASE PRINT OR TYPE IN BLACK INK!

How many people are in your parents' household?

Include:

- Yourself, even if you don't live with your parents
- Your parents
- Your parents' other children if (a) your parents will provide more than half of the support between July 1, 2016 and June 30, 2017, or (b) the children could answer "No" to every question on the independent verification questions on the FAFSA, and
- Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2016 and June 30, 2017.

Failure to complete this form will cause a delay in the processing of your aid.

Name	*Age*	*Relationship* *to Student*
		SELF

TOTAL IN HOUSEHOLD _____

_____Date:_____

PARENT'S SIGNATURE:

_____Date_____

STUDENT'S SIGNATURE:

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