## 2023-2024 Number in Household and College Form

Student Name: $\qquad$ CVCC Student ID: $\qquad$

## HOUSEHOLD INFORMATION:

Please check one box (Dependent or Independent). In the table below, list the names of ALL family members who reside in the household. If additional space is needed, please attach a separate form.

## Dependent Student, include

- Yourself (Student)
- Parent(s) including step-parent
- Parents' dependent children, and other people living in the household, if your parent(s) will provide more than half of their support from July 1,2023 through June 30, 2024.

Independent Student, include

- Yourself (student)
- Your spouse (if married)
- Your children, and any other individuals that you will provide more than half of their support from July 1, 2023 through June 30, 2024.

| Family <br> Member | Full Name | Age | Relationship | Name of College <br> (If at least half-time <br> student for 2023-2024) |
| :---: | :---: | :---: | :---: | :--- |
| $\mathbf{1}$ |  |  | Self | CVCC |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

Note: We may require additional documentation if we have reason to believe that the information regarding the household member(s) enrolled in eligible postsecondary educational institution is inaccurate.

## Certification and Signature

By signing this form, I certify that all information is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility may be jeopardized.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

## Signature(s) cannot be typed.

Student's Signature: $\qquad$ Date: $\qquad$
Parent's Signature (Required for Dependent Student): $\qquad$ Date: $\qquad$

