

**INDEPENDENT STUDENT** FAMILY INFORMATION

**\*\*\*ONLY COMPLETE ONE SIDE OF THIS FORM\*\*\***

(COMPLETE THIS SIDE IF YOU ARE NOT REQUIRED TO PROVIDE PARENT INFORMATION ON YOUR FAFSA)

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>ctcLink ID</b>	<b>For Official Use Only</b>
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List the people in your household below. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2023 through June 30, 2024; OR if the child would be required to provide your information on their 2023-24 FAFSA. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you AND you provide more than half of their support and will continue to provide more than half their support through June 30, 2024.
- **Exclude foster children.**

Include the name of the college for any household member who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2023 and June 30, 2024. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Full name	Age	Relationship	College	Will be enrolled at least half-time
<i>John Doe (example)</i>	<i>28</i>	<i>Self</i>	<i>Central University</i>	<i>Yes</i>
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

**Student Certification Statement:**

**By submitting this form, I certify that all the information above is complete and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please mail/deliver/fax this form to the address or number listed below.**

Office use only			
Received		Scanned	Posted
		Code: 41	
		Form last updated: DEC22FM	
Revisions: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, completed by: _____	
		Date: _____	

**DEPENDENT STUDENT** FAMILY INFORMATION

**\*\*\*ONLY COMPLETE ONE SIDE OF THIS FORM\*\*\***

(COMPLETE THIS SIDE IF YOU ARE REQUIRED TO PROVIDE PARENT INFORMATION ON YOUR FAFSA)

\_\_\_\_\_  
**Last Name                                      First Name                                      MI                                      ctcLink ID                                      For Official Use Only**

**DEPENDENT STUDENT’S FAMILY INFORMATION:**

List the people in your parent(s) household below. Include:

- Yourself and your parent(s)/step-parent(s) even if you don’t live with your parent(s)/step-parent(s).
- Your parent(s)/step-parent(s) other children if your parent(s)/step-parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024; OR if the other children would be required to provide parental information if they were completing a FAFSA for 2023-24. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s)/step-parent(s) and your parent(s)/step-parent(s) provide more than half of their support and will continue to provide more than half their support through June 30, 2024.
- **EXCLUDE foster children.**

Include the name of the college for any household member, excluding your parent(s)/step-parent(s), who will be enrolled at least half-time in a degree or certificate program at a postsecondary educational institution any time between July 1, 2023 and June 30, 2024. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Full name	Age	Relationship	College	Will be enrolled at least half-time	
<i>John Doe (example)</i>	<i>18</i>	<i>Self</i>	<i>Central University</i>	<i>Yes</i>	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

**Student/Parent Certification Statement:**

**By submitting this form, I certify that all the information above is complete and correct.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please mail/deliver/fax this form to the address or number listed below.**

Office use only			
Received	Scanned		Posted
Revisions: <input type="checkbox"/> Yes <input type="checkbox"/> No			Form last updated: DEC22FM
If yes, completed by: _____			Date: _____