STUDENT NAME ____________________________  NU ID ____________________________

2016-2017 DEPENDENT

HOUSEHOLD SIZE/NUMBER IN COLLEGE STATEMENT

### HOUSEHOLD INFORMATION

- List yourself (the student) below.
  - Full Name
  - Age

- List your parent(s) below.
  - Full Name
  - Age
  - Relationship to Student
  - Name of College
  - Will be Enrolled at Least Half Time in a Degree Program?
    - Answer “YES” or “NO”

- List your parent(s)’ other children below if your parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017 or if the other children would be required to use the parent data on their FAFSA.
  - Full Name
  - Age
  - Relationship to Student
  - Name of College
  - Will be Enrolled at Least Half Time in a Degree Program?
    - Answer “YES” or “NO”

- List other people only if they now live with your parent(s), AND get more than half of their support from your parent(s), AND will continue to get this support from July 1, 2016 through June 30, 2017.
  - Full Name
  - Age
  - Relationship to Student
  - Name of College
  - Will be Enrolled at Least Half Time in a Degree Program?
    - Answer “YES” or “NO”

- For those listed below who will be attending college AND enrolled in a degree or certificate program at least half-time between July 1, 2016 and June 30, 2017, in the last 2 columns, provide the name of the college and answer the question “yes” or “no.”
  - Full Name
  - Age
  - Relationship to Student
  - Name of College
  - Will be Enrolled at Least Half Time in a Degree Program?
    - Answer “YES” or “NO”

- Attach a separate sheet if you need more space for additional household members.

If a parent is attending college, will their tuition be paid, fully or partially, by their employer or another party?

- Yes
- No

If the information reported in the tables above differs from your answers on the original Free Application for Federal Student Aid (FAFSA), please note the reason for the difference.

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Signing below certifies that all of the information reported is complete and correct.

STUDENT SIGNATURE ____________________________  DATE ____________________________

PARENT SIGNATURE ____________________________  DATE ____________________________

(Electronic signatures are not accepted.)

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17 Canfield Administration Building
P.O. Box 880411
Lincoln NE 68588-0411

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