

# 2018-2019 Number of Household Members and Number in College

List below the people in the parent's household

- **Student**
- **Parents (including a stepparent)**, even if the student does not live with parents.
- **Parent's other children** if the parents will provide more than half of the children's support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards even if the children do not live with the parents.
- **Parent's other dependents** if they now live with the parents, the parents provide more than half of their support, and parents and will continue to provide more than half of their support through June 30, 2019.

Number in College: Include below information about any dependent household member who is, or 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, 2018, and June 30, 2019. Include the name of the college.

*If more space is needed, please provide a separate page with the student's name and ID number at the top.*

Relationship to Parent(s)	Foster Child? (Yes or No)	Age	Full Name	College Attending During 2018 - 2019	Enrolling at Least Half-Time? (Yes or No)
<i>Self (student)</i>					
<i>Parent</i>					
<i>Parent</i>					
<i>Dependent</i>					
<i>Dependent</i>					
<i>Dependent</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.

## Certifications and Signatures

Each person signing below certifies that all of the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING**  
If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

Due to availability of funding, incomplete or delays in providing this information may result in the cancellation or reduction of your financial aid.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID Number

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



**Submit this form to your primary campus listed below**



**Johnson Campus**  
Student Financial Services  
337 College Hill  
Johnson, VT 05656  
Fax: 802-635-1248 | Phone: 802-635-1671

**Lyndon Campus**  
Student Services Center  
1001 College Rd.  
Lyndonville, VT 05851  
Fax: 802-626-9770 | Phone: 802-626-6396