

**Suffolk University**

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108  
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**2019 – 2020 Household Size/Number in College Worksheet  
Dependent Student**

**Student's Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_

In order to verify the information reported on your FAFSA regarding household size and/or number in college for the 2019-2020 academic year, please complete the Household Member Information Table below.

**On table below list members of *your parent(s)*' household. Include the following:**

- **Youself** - We have already listed you, please just add your age.

**Also include:**

- **Your parent(s), read below for clarification:**
  - If both legal (biological or adoptive) parents live together, regardless of marital status or gender, include both parents on the list.
  - If biological parents are divorced/separated, list custodial parent. **If custodial parent has remarried, include your stepparent on the list.** Also include all stepsiblings who meet the criteria listed below. \* **Do not include non-custodial parent's information.**
- **Your parents' other children**, if (a) your parents will provide more than half of their support from July 1, 2019 through June 30, 2020, or (b) the children would be required to provide parental information if they were completing the FAFSA for 2019-20. 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) and your parent(s) provide more than half of their support and will continue to provide more than half of their support July 1, 2019 through June 30, 2020.

***\*If biological parents are divorced/ separated, list the custodial parent. If custodial parent has remarried, please include stepparent and all stepsiblings who meet the criteria.***

***Table for Household Member Information***

<i>Full Name</i>	<i>Age</i>	<i>Relationship to the student</i>	<i>Will this household member attend college during 2019-20? Answer YES or NO (Student must be enrolled at least half-time in a degree, diploma or certificate program any time between 7/1/19-6/30/20.)</i>	<i>List the name of the College/University this household member will attend during 2019-20.</i>
<i>You, the SU student</i>		<i>Self</i>	<i>Yes</i>	<i>Suffolk University</i>

**Student's signature:** \_\_\_\_\_

*Student must sign, electronic signature is not acceptable.*

**Date:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

*Parent must sign, electronic signature is not acceptable.*

**Date:** \_\_\_\_\_