

Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108
617-573-8470 • 617-720-3579 (fax)

**2020 – 2021 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 2020-2021 academic year, please complete the Household Member Information Table below.

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

- **Yourself** - 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, 2020 through June 30, 2021, or (b) the children would be required to provide parental information if they were completing the FAFSA for 2020-21. 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, 2020 through June 30, 2021.

****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 indicated above.***

Household Member Information

<i>Full Name</i>	<i>Age</i>	<i>Relationship to the student</i>	<i>Will this household member attend college during 2020-21? Answer YES or NO. If YES, list the name of the college or university this household member will attend. (Household member must be enrolled at least half-time in a degree, diploma or certificate program any time between 7/1/20-6/30/21.)</i>	<i>Support Test Will parent(s) provide at least 50% support for this household member from July 1, 2020 through June 30, 2021. Answer YES or NO</i>
<i>You, the SU student</i>		<i>Self</i>	<i>YES / Suffolk University</i>	<i>YES</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: _____