SETON HALL UNIVERSITY

QUALFY

2019-2020 Qualifying Household Members INDEPENDENT

Student Name: _____ SHUID: _____ Last 4-digits of SS#_____
Please print) Last First MI

Home Phone: (_____) _____ Cellular Phone: (_____) _____

You have been asked to complete this form based on a review of the information provided on your FAFSA. This form will be used to determine the qualifying members of your household. Please complete the form and provide a signature upon completion. **Additionally, please note that all documentation must be submitted before September 1, 2019 for consideration of any Institutional Grant Funding. Exceptions to this date will not be considered.**

The following person(s), in addition to spouse and children, was listed as a member of your household:

□ Niece/Nephew □ Parent

□ Grandparent □ Other _____

Per FAFSA regulations, it is required that you provide more than half of the support and will continue to provide more than half of the support (primary caregiver for those under the age of 24) of your dependents and/or the above indicated member(s) from July 1, 2019 – June 30, 2020 in order that your child(ren) and/or the additional member(s) be included in the household.

Please check only **one** box:

□ The above statement is true for your child (if applicable) and the above indicated member.

□ The above statement is ***not*** true for your child (if applicable) and/or the above indicated member.

- My child(ren) (if applicable) is a qualifying member, but the additional member is not.

□ The above statement is ***not*** true for your child(ren) (if applicable) and/or the above indicated member.

- After reading the above statement I understand that my child(ren), and/or the above indicated member, are not qualifying members of my household. I will make updates to my FAFSA to include my parent's information and provide the appropriate subsequent documentation including:
  - Parent's 2017 Income Tax Return Transcript
  - Dependent Verification Worksheet
  - Any additional documentation requested from the Financial Aid Office

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

For Office use Only
__ Scan Only (No Update)
__ Attach to _____
__ Update Status to____

Seton Hall University ● Office of Financial Aid
400 South Orange Avenue ● South Orange, New Jersey 07079
Phone: 1-800-222-7183 ● Fax: 973-275-2040 ● Website: www.shu.edu