SETON HALL UNIVERSITY 2018-2019 Qualifying Household Members

DEPENDENT

Student Name:	Please print) Last	First MI	IUID:	Last 4-digits of SS#
II DI	* '		Li Di /	\ \
Home Phone:	()	Cel	lular 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 parent's household. Please complete the form entirely and provide the required signature(s) upon completion. Additionally, please note that all documentation must be submitted before September 1, 2018 for consideration of any Institutional Grant Funding. Exceptions to this date will not be considered.				
The following person(s) was listed as a member of your parent's household:				
□ Niece/Nep	hew	□ Со	ousin .	
□ Grandpare	nt	o O	ther	
Please read carefully and indicate a response below:				
Per FAFSA regulations, it is required that your parents 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 yourself and the above indicated member(s) from July 1, 2018 – June 30, 2019 in order that yourself and/or the additional member(s) be considered members of the household.				
Please check t	he box next to the a	ppropriate resp	onse (check or	nly one box):
☐ The above statement is true for yourself and the above indicated member.				
 The above statement is <i>not</i> true for yourself and/or the above indicated member. I am a qualifying member, but the additional member is not. 				
 The above statement is <i>not</i> true for yourself and/or the above indicated member. After reading the above statement I understand that I am not a qualifying member of the parent's household listed on my FAFSA (my other parent provided more than half of my support during the indicated time period). I will complete a FAFSA with the appropriate parent's documentation. 				
unless they have	legally adopted you. If	you have provided	information for e	t considered parents on the FAFSA form ither of these persons, please make an processed until this status is further
or someone • Please	other than your bio	ological parent. appointment to		parent, foster parent, legal guardian inancial Aid counselor. Contact
certify that all o	f the information pro	vided on this for	m is correct to the	al information I provide on this form. I ne best of my knowledge. I understand am liable for cancellation or repayment
Student Signatu	re:			Date:
Parent Signatur	e:			Date: