SETON HALL UNIVERSITY
2022-2023 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 _uploaded to the document portal or be submitted by postal mail_ before September 1, 2022 for consideration of any Institutional Grant Funding. Exceptions to this date will not be considered.**
- **All documents (including tax returns) should be uploaded to the following secure site:**
    - **Mapping Xpress: https://mappingyourfuture.org/MappingXpress/SHUFinaidDocuments/ Passcode: finaid1**

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, 2022 – June 30, 2023 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/or 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 and contact the counselor below:
    - Parent's 2020 Income Tax Return Transcript
    - Dependent Verification Worksheet
    - Any additional documentation requested from the Financial Aid Office

Counselor/Email _____

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: _____

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

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