



Last Name _____ First Name _____ M.I. _____ Student Number _____

DEPENDENT FAMILY INFORMATION

FAMILY INFORMATION (Members of household/Number in college)

Write the names of all household members including your parents.

Your parent's household can include:

- Yourself, even if you don't live with your parents,
- Your parent(s)/step-parent(s) that are listed on the FAFSA.
- Your parents' other children, **if** they receive more than half of their support from your parents from July 1, 2021 through June 30, 2022, and
- Other people, **if** they now live with your parents and receive more than half of their support from your parents and will continue to do so from July 1, 2021 through June 30, 2022.

Full name of family member, including parents. Start with yourself.	Relationship to Student	Birthdate mm/dd/yy	Name of the college for any family member (excluding parents) who will be working toward a degree or certificate and will be enrolled at least ½ time during 2021-22 academic year.	Grade Level in College
1.	SELF		UNI Cedar Falls, IA	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Other _____

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. **As a reminder, students and parents should never send personally identifiable information, such as Social Security Numbers, via email. (Signatures MUST BE Handwritten)**

Signature of Student _____ Date _____ Signature of Parent _____ Date _____

Please turn in ALL Verification Documents AS SOON AS POSSIBLE
Financial Aid will NOT PAY OUT until verification is COMPLETE