

Parent

Student's Name: _____

Z Number: _____

Please confirm household size and number of college.

1. List yourself, parents and anyone else who your parents will support more than 50% from July 1, 2023 – June 30, 2024. **Do not include anyone for whom parents are paying child support**
2. State each member's relationship to student
3. List both parents if any of the following apply: Parents are legally married OR Parents are unmarried but living together OR Parent remarried (must include step parent)
4. ONLY list primary parent if parents are divorced or separated.

NAME	AGE	RELATIONSHIP	COLLEGE NAME IF ENROLLED BETWEEN JULY 1, 2023 – JUNE 30, 2024
Michael Jones (example)	18 (example)	Self (example)	FAU (example)

Certification and Signatures

Signing this worksheet certifies that all of the information reported is complete and correct. You must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Inaccurate information may subject you to repayment of ALL funds disbursed and possible audit of file for up to 3 previous years.

Parent Signature

Date