

Student

Student's Name: _____

Z Number: _____

Please confirm household size and number of college.

1. List yourself
2. List spouse (if applicable)
3. List children (if applicable)
4. List anyone else who you will support more than 50% from July 1, 2023 to June 30, 2024. *Do not include anyone for whom you are paying child support.

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.

Student Signature

Date