RUTGERS
Office of Financial Aid

Number in Household & College Worksheet
Dependent Student
2015-2016

HHC-P

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at Rutgers University will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to your regional Office of Financial Aid. **NOTE:** Rutgers University may ask for additional information. Promptly return this worksheet so that your financial aid is not delayed.

A. Dependent Student's Information

Student's Last Name _____ Student's First Name _____ Student's M.I. _____

RUID # ☐☐☐ - 0 0 - ☐☐☐☐

Student's Street Address (include apt. no.) _____

Student's Date of Birth _____

City _____ State _____ Zip Code _____

Student's Email Address _____

Student's Home Phone Number (include area code) _____

Student's Alternate or Cell Phone Number _____

B. Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who met either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	*18*	*Sister*	*Central University*	*Yes*
		Self		

C. Signature

We certify that all the information reported on this worksheet is complete and correct. If requested, we will provide proof of support.

Student _____ Date _____

Parent _____ Date _____

Print Student Name _____

Print Parent Name _____

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.