

STUDENT NAME: \_\_\_\_\_ NECC ID: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

**DIRECTIONS:** You are required to complete this form as part of your financial aid application because the information on your FAFSA or Verification Worksheet is not the same, or the information is incomplete or unclear. Complete the household listing below, and list all of the people in the household who fit the descriptions below. List yourself (the student) first, and then other household members supported more than 50%, based on your dependent or independent student status. Include the name of the college for any household member 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, 2019, and June 30, 2020. If more space is needed, attach a separate page with the student's name and NECC ID number at the top. Dependency status is determined by federal regulation and any questions regarding that status should be referred to a financial aid counselor.

DEPENDENT STUDENTS include:	INDEPENDENT STUDENTS include:
<ul style="list-style-type: none"> <li>• <b>Yourself</b></li> <li>• <b>Your parent(s) and stepparent</b>, if applicable (even if you do not live with your parent(s))</li> <li>• <b>Both parents</b> if they are unmarried <b>AND</b> live in the same <u>household</u> (even if you do not live with your parent(s))</li> <li>• <b>Your parent(s)' other children (your siblings – sister, brother, stepsister, stepbrother)</b>, include children who meet either of these standards, even if they do not live with your parent(s): 1.)Your parent(s)' other children if your parent(s) <b>will provide more than half of their support</b> from July 1, 2019, through June 30, 2020, or 2.) your parent(s)' other children are required to provide parental information if they were completing a FAFSA for 2019-2020</li> <li>• <b>Other people and your parent(s)' other children age 24 or older</b> if they now live with your parent(s) <b>AND</b> your parent(s) provide more than half of their support <b>AND WILL CONTINUE</b> to provide more than half of their support through June 30, 2020.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Yourself</b></li> <li>• <b>Your spouse</b>, if you are married</li> <li>• <b>Your children</b>, if any, if you will <u>provide more than half of their support</u> from July 1, 2019, through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you</li> <li>• <b>Other people and your other children age 24 or older</b> if they now live with you and your spouse (if applicable) <b>AND</b> you and your spouse provide more than half of their support <b>AND WILL CONTINUE</b> to provide more than half of their support through June 30, 2020.</li> </ul>

Full Name	Age	Relationship	College or University	Will be Enrolled at Least Half Time
EXAMPLE: <i>Missy Jones</i>	<i>18</i>	<i>Sister</i>	<i>UMass Lowell</i>	<i>Yes</i>
		<b>SELF</b>		

**CERTIFICATION AND SIGNATURES:** Each person signing this worksheet certifies that the information provided is complete and accurate as of the date signed. **WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.**

STUDENT SIGNATURE (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_ PARENT SIGNATURE (Dependent students only) \_\_\_\_\_ Date \_\_\_\_\_