SETON HALL UNIVERSITY

2008-2009 Qualifying Household Members DEPENDENT

You have been asked to complete this form based on a review of the information provided on your FAFSA. This form will be used to determine the qualifying members of your parent's household. Please complete the form entirely and provide the required signature(s) upon completion.

The following person(s) was listed as a member of your parent's household during 2007:

□ Niece/Nephew □ Cousin

□ Grandparent □ Other _____

Please read carefully and indicate a response below:

Per FAFSA regulations, it is required that your parents provide more than half of the support and will continue to provide more than half of the support (primary caregiver for those under the age of 24) of yourself and the above indicated member(s) from July 1, 2008 – June 30, 2009 in order that yourself and/or the additional member(s) be considered members of the household.

Please check the box next to the appropriate response:

□ The above statement is true for yourself and the above indicated member.

□ The above statement is ***not*** true for yourself and/or the above indicated member.

- I am a qualifying member, but the additional member is not.

□ The above statement is ***not*** true for yourself and/or the above indicated member.

- After reading the above statement I understand that I am not a qualifying member of the parent's household listed on my FAFSA (my other parent provided more than half of my support during the indicated time period). I will complete a FAFSA with the appropriate parent's documentation.

Please note: *Grandparents, foster parents, and legal guardians are not considered parents on the FAFSA form unless they have legally adopted you. If you have provided information for either of these persons, please make an appointment to see a Financial Aid counselor. Your FAFSA can not be processed until this status is further reviewed.*

□ It appears that you have provided information about a grandparent, foster parent, legal guardian or someone other than your biological parent.

- Please follow up with an appointment to meet with a Financial Aid counselor. Contact information is available below.

I give permission to the Office of Financial Aid to verify any additional information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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