# SETON HALL UNIVERSITY

## 2008-2009 Qualifying Household Members INDEPENDENT

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 household. Please complete the form and provide a signature upon completion.

The following person(s), in addition to spouse and children, was listed as a member of your household during 2007:

□ Niece/Nephew □ Parent

□ Grandparent □ Other _____

Per FAFSA regulations, it is required that you 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 your dependents and/or the above indicated member(s) from July 1, 2008 – June 30, 2009 in order that your child(ren) and/or the additional member(s) be included in the household.

Please check only one box:

□ The above statement is true for your child (if applicable) and the above indicated member.

□ The above statement is ***not*** true for your child (if applicable) and/or the above indicated member.

- My child(ren) (if applicable) is a qualifying member, but the additional member is not.

□ The above statement is ***not*** true for your child(ren) (if applicable) and/or the above indicated member.

- After reading the above statement I understand that my child(ren), and/or the above indicated member, are not qualifying members of my household. I will make updates to my FAFSA to include my parent's information and provide the appropriate subsequent documentation including:
  - Parent's 2007 Tax Returns
  - Dependent Verification Worksheet
  - Any additional documentation requested from the Financial Aid Office

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: _____

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