



Financial Aid Office
 1200 16th Street
 Golden CO 80401
 303-273-3301
 303-384-2252 fax
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Number of Household Members and Number in College

Student: _____ Campus Wide I.D.#: _____

Dependent Students: Students who were required to report parental data on their FAFSA

Those individuals you will be listing below:

- You, the student.
- Your parents (including a stepparent) **even if you do not live with your parents.**
- Your parents' other children if your parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Independent Students: Students who were not required to report parental data on their FAFSA

Those individuals you will be listing below:

- You, the student.
- Your spouse, if you are married.
- You and your spouse's children if you will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Instructions:

Step One: Write the names of **all household members** in the space(s) below, including yourself. Be sure to reference the above information so all members of the household who qualify are listed. Indicate their age and relationship to you. You, the student will be listed on the first line.

Step Two: write in the name of the college for any household member, **excluding your parent(s) if dependent**, who will be enrolled at least half-time in a degree, diploma, or certificate program anytime between July 1, 2016 and June 30, 2017.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Full Name of household members | Age | Relationship | Name of the College where household members will be attending | Enrolled at Least Half Time? (Yes or No) |
|--------------------------------|-----|--------------|---|--|
| | | <i>Self</i> | <i>CSM</i> | |
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Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

By signing below, I certify that all the information reported on this worksheet is complete and correct. At least one parent must sign (for dependent students). **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student _____ Date _____ Parent _____ Date _____