



Student Financial Aid Services (SFAS)

**Independent Student Household Information
and Number in College**

Please use the area below to list all members of your household, including yourself, spouse, and any children you will be supporting more than 50% during the academic year. Also indicate which of the members listed are enrolled at least half time in college. Return the completed form to *Student Financial Aid Services (SFAS), Student Mall, New Jersey Institute of Technology, University Heights, Newark, NJ, 07102-1982.*

Student's Name _____ **NJIT ID** _____

UCID E-mail _____

Name	Age	Relationship	Enrolled at Least Half Time?
1) _____	_____	self _____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____

Student's Signature _____ **Date** _____