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<http://www5.njit.edu/financialaid/sites/financialaid/files/lcms/docs/UploadingDocuments.pdf>
Mail or Fax:
 Student Financial Aid Services
 NJIT - Student Mall, University Heights
 Newark, NJ 07102 Fax: 973-596-2460

Household Members & Number in College 2018–2019

Please complete this form to confirm your household information. You and your parent (whose information was reported on the FAFSA) must complete and sign this form and submit with other requested documents to the Office of Student Financial Aid Services. We may request additional information/documentation after the initial review

STUDENT INFORMATION

Student's Name _____ NJIT ID _____ Phone Number _____

FAMILY INFORMATION

<p><u>Dependent Students:</u> List the following:</p> <ul style="list-style-type: none"> The student. The parents (including a stepparent) even if the student doesn't live with the parents. The parent's other children if the parents will provide more than half of the children's support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019. 	<p><u>Independent Students:</u> List the following:</p> <ul style="list-style-type: none"> The student. The student's spouse, if the student is married. The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2018, through June 30, 2019, even if a child does not live with the student. Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2019.
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Also, 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 an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019.

Full Name	Age	Relationship	College/University Attended (Between July 1, 2018 & June 30, 2019)	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. **Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both. *Computer generated signatures are not acceptable.*

Student Signature _____ Date _____ Parent Signature (Required for Dependent Students) _____ Date _____