

**DEPENDENT STUDENT FAMILY
SIZE/NUMBER IN COLLEGE**

Student Name _____ **ID#** _____

List the people in your parent’s household, include:

- Yourself even if you don’t live with your parents (already pre-filled),
- Your legal parents (provide both parents if they are not married but are living together),
- Your parent’s other children, if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- 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 from July 1, 2023 to June 30, 2024.

Write the names of all household members in the space(s) below. Also, write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree granting program.

<u>HOUSEHOLD SIZE</u> NAME (Student and ALL family members)	Date of Birth	Relationship to Student	Are they or will they be enrolled at least half-time (six credits) in a degree granting program? Check:	Number in College Name of College Attending (if applicable)
STUDENT		SELF	YES	SUNY POTSDAM
PARENT 1 (mother/father/step-parent) (Name: _____)		PARENT	N/A	N/A
PARENT 2 (mother/father/step-parent) (Name: _____)		PARENT	N/A	N/A
			YES or NO	
			YES or NO	
			YES or NO	
			YES or NO	

CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and accurate. False or misleading information on this worksheet may result in the loss of my financial aid and/or a fine/prison sentence or both.

Student's Signature _____ Date _____
 Parent’s Signature _____ Date _____

Upload form to our secure file drop location at <https://filedrop.potsdam.edu/finaid>

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