You have listed someone as a member of your/your parent(s)’ household who may not meet the federal criteria to be included in the household size.

Other people may be included in the household size if they now live with you and/or your parents, you or your parents provide more than half of their support, and you or your parents will continue to provide more than half of their support between July 1, 2023 and June 30, 2024.

<table>
<thead>
<tr>
<th>Name of other person: __________________________</th>
<th>Relationship to student __________________________</th>
</tr>
</thead>
</table>

1. Please delete this person from my/my parents’ household size; I do not believe they meet the criteria to be included in the household size.

   ☐ On the date you filed your FAFSA (___________), did this person physically reside in:
     ☐ your household  ☐ your parents’ household  ☐ elsewhere to attend college  ☐ other: __________

2. Who provided more than half of this person’s support at the time your FAFSA was filed?
   ☐ you  ☐ your parents  ☐ neither

3. Who claimed this person on a 2021 Federal Income Tax Return?
   ☐ you  ☐ your parents  ☐ neither

4. List this person’s source(s) of income and the total amount expected from July 1, 2023 until June 30, 2024.

5. Who will provide more than half of this person’s support now and through June 30, 2024?
   ☐ you  ☐ your parents  ☐ neither

6. Who will claim this person on a 2023 Federal Income Tax Return?
   ☐ you  ☐ your parents  ☐ neither

7. If this person will be attending college at least half-time for the 2023-2024 academic year, list the name of the college.

I certify that ALL of the information on this form is true and complete.

<table>
<thead>
<tr>
<th>Required Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Parent Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

(Required Parent Signature, (Dependent Student Only))

If typed/electronic signature is submitted, this form will be considered incomplete and financial aid will be delayed.