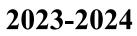


## Student Financial Aid

2308 Rendleman Hall Campus Box 1060 Edwardsville, IL 62026-1060 Phone: (618) 650-3880 Fax: (618) 650-3885 Email: <u>finaid@siue.edu</u> Homepage: <u>www.siue.edu/financial-aid</u>



**Member of Household** 

VIMHH

Student Name

Univ. ID# \_\_\_\_\_

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.

Name of other person:			Relationship to student		
	Please delete this person from the household size.	n my/my parents' household size	; I do not believe they meet the cr	iteria to be included in	
1.		SA (), did this p □ your parents' household		□ other:	
2.	Who provided more than half on U you	f this person's support at the time your parents	your FAFSA was filed? □ neither		
3.	Who claimed this person on a 2	2021 Federal Income Tax Return?	□ neither		
4.	List this person's source(s) of in	ncome and the total amount expec	ted from July 1, 2023 until June 30	, 2024.	
5.	Who will provide more than ha	lf of this person's support now an □ your parents	d through June 30, 2024? □ neither		
6.	Who will claim this person on a	a 2023 Federal Income Tax Retur your parents	n?		
7.	If this person will be attending	college at least half-time for the 2	2023-2024 academic year, list the na	ame of the college.	
I certify	that ALL of the information on	this form is true and complete.			

Required Student Signature	Date	Required Parent Signature	Date
		(Dependent Student Only)	

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