

# Cape Fear Community College

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

## Number of Household Members and Number in College (Dependent Student)

**STEP 1: Number of Household Members:** Include below the people in the parents' household. Include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards even if the children do not live with the parents.
- Other persons 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 their support through June 30, 2018.

**STEP 2: Number in College:**

Include below information about any household member, excluding the parents, 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, 2017, and June 30, 2018. Include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is not accurate.

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## Certification and Signatures

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Each person signing below certifies that all of the Information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Last Name    First Name    M.I.

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student's Street Address (include apt. no.)

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Student's Home Phone Number (include area code)

\_\_\_\_\_  
Student's Alternate or Cell Phone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date