

Cape Fear Community College

Student Name: _____ **Student ID:** _____

Number of Household Members and Number in College (Independent Student)

STEP 1: Number of Household Members: Include below the people in the student's household. Be sure to include:

- 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 the children do not live with the student).
- Other persons 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 their support through June 30, 2019.

STEP 2: Number in College: Include below information about 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. 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.

Cape Fear Community College

Certification and Signatures

Certification and Signatures

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