

## 2021-2022 Household Members

In-person: 1st floor Colonial Hall

We are requesting clarification of household information reported on your 2021–2022 *Free Application for Federal Student Aid* (FAFSA). The law says that before disbursing your financial aid, we may ask you to confirm the information reported on your FAFSA. To verify that you reported correct and complete information, we will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. In addition, you may be asked to provide other information.

## Please complete this form and provide a wet signature before returning to the Office of Financial Aid Services

A. Student's Infor	mation			
Student's Last Name	dent's Last Name Student's First Name Student's M.I.		XXX-XX- Last 4 digits of Social Security Number	
Student's Permanent Str	eet Address (include apt. no.	)	Student's Email Address	
City	State	Zip Code	Student's Alternate or Cell Phone Number	
An independent student if forces, an orphan, a ward risk of becoming homele your dependency status,	of the court, someone with ss. A dependent student is so please contact the financial a	ast 24 years old, marrie legal dependents other omeone who does not naid office at finaid@mo	owing definitions: d, a graduate or professional student, a v than a spouse, an emancipated minor or neet any of the criteria for an independer or avian.edu or (610) 861-1330.  July 1, 2021 and June 30, 2022.	someone who is homeless or at
the:  Student  Student's Spouse (  Student's or spous more than half of the spouse provides m  In addition to name, ag postsecondary education the household men	e's children, if the student or the children's support by now live with the student nore than half of the other pe- ge, and relationship to the stu- onal institution at any time be the ber will be enrolled at least	spouse will provide and the student or rson's support ident, if any household etween July 1, 2021 an half time in the last two	applies to your parent(s) household. I relationship for the:  • Student  • Student's Parent(s) (as reported  • The parents' other children if you than half of the children's suppo  • Other people if they now live with provide more than half of their supposed by the people if they now live with provide more than half of their supposed by the people if they now live with provide more than half of their supposed by the people if no adegree, did June 30, 2022, please also indicate the occlumns below. If not applicable, please	on the FAFSA) our parents will provide more rt ith your parents and your parents support ploma, or certificate program at a name of the college and whether or
If more space is needed Full N	d, attach a separate page with	Relationship to student	Name of College	Will be enrolled at least half time (6 credits)?
Example: M	issy Jones 18	Sister	Central University	Yes
		Self	Moravian College	
C. Certification and By signing below, wee he complete and correct.	d Signatures ereby certify that the information	ation reported on this f	information on this works	ely give false or misleading heet, you may be fined, sent to
Student Signature (required)			Date	form to the Office of Financia Aid Services via:  Upload: Xmedius SendSecure
Parent Signature (required if dependent student) OR Spouse Signature (required if Date independent and married)				Mail: 1200 Main Street Bethlehem, PA 18018