

## 2022-2023 Household Members

In-person: 1st floor Colonial Hall

We are requesting clarification of household information reported on your 2022–2023 *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

			<u>XXX-</u> XX-		
Student's Last Name	Student's First Name	Student's M.I.	Last 4 digits	Last 4 digits of Social Security Number	
Student's Permanent Stre	eet Address (include apt. no	.)	Student's Email Address		
City	State	Zip Code	Student's Alternate or Cell Phone Number		
An independent student is orces, an orphan, a ward isk of becoming homeles our dependency status, p	of the court, someone with ss. A dependent student is s please contact the financial	ast 24 years old, marrie legal dependents other omeone who does not n aid office at finaid@mo	wing definitions: d, a graduate or professional student, a value of than a spouse, an emancipated minor or neet any of the criteria for an independe or varian.edu or (610) 861-1330.  July 1, 2022 and June 30, 2023.	someone who is homeless or at	
applies to your househothe:  Student Student's Spouse ( Student's or spouse more than half of t Other people if the spouse provides m  In addition to name, ag postsecondary education of the household memore.	e's children, if the student of the children's support by now live with the student ore than half of the other pose, and relationship to the stonal institution at any time laber will be enrolled at least	and relationship for r spouse will provide and the student or erson's support udent, if any household between July 1, 2022 and thalf time in the last two	Per FAFSA, if you are a dependent applies to your parent(s) household. I relationship for the:  Student  Student's Parent(s) (as reported than half of the children if you than half of the children's suppose. Other people if they now live we provide more than half of their members will be enrolled in a degree, ded June 30, 2023, please also indicate the proculations below. If not applicable, please also indicate, pl	Include the name, age, and  I on the FAFSA) our parents will provide more ort vith your parents and your parents support liploma, or certificate program at a e name of the college and whether or	
Full N	d, attach a separate page w  Iame Age	Relationship to student	Name of College	Will be enrolled at least half time (6 credits)?	
Example: Mi	issy Jones 18	Sister	Central University	Yes	
		Self	Moravian College		
C. Certification and by signing below, we here complete and correct.	d Signatures eby certify that the informa	ation reported on this fo	information on this works	ely give false or misleading sheet, you may be fined, sent to	
Student Signature (required)  Date				Please return your complete form to the Office of Finan Aid Services via:	
Parent Signature (required if dependent student) OR Spouse Signature (required if Date independent and married)				Upload: Xmedius SendSect Mail: 1200 Main Street Bethlehem, PA 1801	
- /	Fax: (610-) 861-1346				