Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_\_\_

Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Member # (See REA): \_\_\_\_\_\_\_

This document is to be completed by any applicant or household member who is at least 18 years old, or an emancipated minor, who is a student.

**Directions:** Please select all that apply. Submit the most recent FAFSA worksheet, no more than 18 months old. A current FAFSA is required in order to determine financial need.

Household Member name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter and Year program began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter and year anticipated graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Family Contribution (from FAFSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Independent Student (Yes / No): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(An independent student is a student who is unable to be claimed as a dependent on their parent’s tax return)

**Attach the following documents:**

* FAFSA worksheet pertaining to the current school year
* Registration Print off (Must show classes registered, tuition and fees charged)
* Financial Aid Print off from school

**Check all that apply:**

* Student receives Pell Grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (exempt)
* Student receives State Need grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (exempt)
* Student receives subsidized loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (non-income)
* Student receives unsubsidized loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (non-income)
* Student participates in work study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (exempt)
* Student receives family support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (non-exempt)
* Student receives GI Bill – Submit copy of GI Bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (exempt)
* Foreign student receives government support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Year (non-exempt)

Total Exempt Student Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Non-Exempt Student Income: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Under penalty of perjury, I certify that the information provided in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement.*

*Warning: Section 1001 of Title 18 U. S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 Applicant/Resident Signature Print Name Date