

354 Richards Hall 360 Huntington Ave Boston, MA 02115 fax: 617.373.8735 email: sfs@neu.edu northeastern.edu/financialaid

2016-2017 Household Size/Number in College Verification

Student's Name:			NU ID:		
Instructions: In review of y clarification. Please complet dependency status you have Financial Services via mail,	te the following indicated below	table cor v. Once c	ncerning your household me ompleted and signed, pleas	embers according to the return this form to St	2
through June 30, 2017 Federal Student Aid. • Other people if they	urself, even if you children if (a) you or (b) the children now live with you	u do not li ur parents en would b our parents	• •	their support from July 1 linformation when apply han half of their support, a	ing for
 Other people if they 	pouse if you have will provide mo now live with yo	e one). ore than ha ou, you pro	red to provide your parentle of their support from July 1 by ide more than half of their start, 2016 through June 30, 201	, 2016 through June 30, 2 upport, and you will conti	2017.
Name of student and Family Members (as outlined above)	Relationship to student	Age	What college (if any) is person attending in 2016/2017? Note: Do not include parents in college.	Will attendance be at least ½ time and part of a degree or certificate program?	Expected Graduation Date
	SELF		Northeastern University		
Alf you need additional or	paga attach a s	anarata (hoot		
◆If you need additional sp I certify that the information documentation if requester	on included or	n this for	m is true and I am willin		
Student's Signature			Date		
Parent's Signature		Date			