



2019-2020

Household Size/Number in College Form

Student Information:

Last Name: _____ First Name: _____ BRCC ID: _____

Mailing Address: _____ City/State/Zip: _____

Date of Birth: _____ Phone Number: _____ Email Address: _____

Household Information: *Check the appropriate box, then complete the chart below listing all members of the household. Also include the name of college if enrolled at least half-time.*

If you are a **dependent student**, include

- Yourself
- Your parent(s) used on FAFSA, (include step-parent)
- Your parent(s)' other dependent children if:
 - a) your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020, or b) the children would be required to provide parental information if filing a FAFSA
- Other people, only if they now live in your parents' household, and your parents will provide more than half of their support from July 1, 2019 through June 30, 2020
- Don't list your parents' college if they are also in college.

If you are an **independent student**, include:

- Yourself
- Your spouse (if you are married)
- Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020
- Other people, only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2019 through June 30, 2020

Full Name	Age	Relationship	Name of College (If at least half-time student for 2019-2020)
(Student)		Self	Blue Ridge Community College

CERTIFICATIONS & SIGNATURE

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

_____ Student Signature

_____ Date

_____ Parent Signature

_____ Date