



Student Financial Aid Office
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 FAX: 301-791-9165

2016-2017 Household Size Worksheet

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

The Federal Government says we are required to ask you for additional information before awarding Federal Aid and Maryland Grants or Scholarships. If there are differences between your application information and your financial documents, the Financial Aid Office may need to make corrections electronically, and you may receive a corrected Student Aid Report (SAR).

Instructions: Complete all pages of this form and submit it to HCC Student Financial Aid Office as soon as possible. Please fill out this form in your browser and then print and sign. We require ink signatures on this form. **Required fields are outlined in red.** Please contact us if you need any additional information to fill out this form.

Step 1: Student Information

Last Name	First Name	MI	HCC Student ID number
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Household Information - Fill in the chart on the next page after making a selection:

- I am a **DEPENDENT** student.
 My household will include:
- Yourself.
 - Your parents **(including a stepparent) even if you don't live with your parents.**
 - Your parents' other children (Siblings) if your parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. **Include children who meet either of these standards even if the children do not live with the parents.**
 - Other people if they now live with the parents **and** the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

- I am an **INDEPENDENT** student.
 My household will include:
- Yourself.
 - Your **spouse**, if you are married.
 - Your **children or your spouse's children**, if you and/or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
 - Other people if they now live with you **and** you and/or your spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Based on the description of what you checked on the first page, list the persons living in your household; include yourself (the student) on the top line.

Full Name	Age	Relationship	Attending College 6 credits or more? **
<i>(example) Martha Jones</i>	<i>24</i>	<i>wife</i>	<i>City University</i>
		Self	HCC

If more space is needed, provide a separate page with the student's name and ID number at the top.

****Attending College:** Include information about any household member, excluding the parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017; **include the name of the college.**

By signing this form you are certifying that all the information reported on it is complete and correct.

Student Signature Date

Parent Signature *(required for dependent student)* Date