

2018-2019 Family Size Worksheet (Independent)

Section 1 – Student Information:

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address:

Street & Number: _____

City/State/Zip: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2 – Family Information:

Number of Household Members:

List below the people in the student’s household. Please include:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2018, through June 30, 2019, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2019.

Also include in the space below information about any household member who is, or will be, enrolled at *least half time* in a degree, diploma, or certificate program at an eligible post-secondary educational institution any time between July 1, 2018, and June 30, 2019, and include the name of the college.

Family Information Table (you may use a separate page if needed, please include name and ID):

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Felician University</i>	

Section 3 – Income Verification:

Student:

- a. I have filed a 2016 IRS Tax Return
- b. I did not file a 2016 IRS Tax Return
 - i. I was not employed and did not earn income from work in 2016.
 - ii. I was employed in 2016.

Employer Name	2016 Amount Earned	IRS W-2 Attached?

Spouse (do not complete if student and spouse filed jointly):

- a. They have filed a 2016 IRS Tax Return
- b. They did not file a 2016 IRS Tax Return
 - i. They were not employed and did not earn income from work in 2016.
 - ii. They were employed in 2016.

Employer Name	2016 Amount Earned	IRS W-2 Attached?

Section 4 – Certification:

By signing this worksheet, I certify all the information reported is complete and correct to the best of my knowledge. I understand that if I purposely provide false or misleading information on this document I am liable for the cancellation or repayment of all or part of my financial aid.

Student Signature: _____ Date: _____

Student Name (Please Print): _____ Student ID Number: _____

Return Address and Phone Numbers:

Felician University
Financial Aid Office
262 South Main Street
Lodi, NJ 07644
Phone: 201-559-6010
Fax:201-559-6025