



**2024-2025**  
**Dependent Student**  
**Household Size Form**

Name:	LU Student ID: A
Date of Birth:	Phone Number:

<p><b>Dependent Students</b> – List your contributor(s) and their dependents for the 2024-25 academic year. Include yourself, your contributor(s), and your contributors’ other dependent children. Include other people only if they live with and receive at least half of their support from your contributor(s) during the entire period from July 1, 2024 to June 30, 2025.</p> <p>Complete this form and submit it to the LU Office of Financial Aid as soon as possible, so that your financial aid won’t be delayed.</p>	<p style="text-align: center;"><b>What you should do</b></p> <ol style="list-style-type: none"> <li>1. Complete and sign this form.</li> <li>2. Submit the completed form to the LU Office of Financial Aid.</li> <li>3. Allow three to four weeks processing time after all required documents have been submitted.</li> <li>4. Talk to an Office of Financial Aid administrator if you have questions about completing this form.</li> </ol>
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**Household Size Information**

List below the people in your contributor(s) household, include: (use a separate sheet of paper, if needed)

- Yourself (even if you don’t live with a contributor)
- Your contributor(s) (including stepcontributor), and
- Your contributor(s) other children, even if they don’t live with your contributor(s), IF (a) your contributor(s) will provide more than half of their financial support from July 1, 2024 through June 30, 2025, (b) the children would be required to provide contributor(s) information when applying for federal student aid; and
- Other people IF they now live with your contributor(s), and your contributor(s) will provide more than half of their financial support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.

*Full Name	*Age	*Relationship To Student	*College	*Will be Enrolled at Least Half Time
		SELF (STUDENT)	LANGSTON UNIVERSITY	

**CERTIFICATION/SIGNATURES:**

The student and at least one contributor who completed the FAFSA must sign this form. **If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.** By signing this form, I/ we certify that all the information reported to qualify for federal student aid is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contributor Signature

\_\_\_\_\_  
Date