

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

| | Name: Date of Birth: | | | LU Student Phone Num | | | |
|--|----------------------|------|---|---|---------------------|---------------------------------------|--|
| other people only if they will live with and receive at least half of their support from you during the entire period from July 1, 2024 to June 30, 2025 Complete this form and submit it to the LU Office of Financial Aid & Scholarships as soon as possible, | | | 2. Subr 3. Allow docum 4. Talk | What you should do 1. Complete and sign this form. 2. Submit the completed form to the LU Office of Financial Aid. 3. Allow three to four weeks processing time after all required documents have been submitted. 4. Talk to an Office of Financial Aid administrator if you have questions about completing this form. | | | |
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| Household Size Information | | | | | | | |
| List below the people in your household, include: (use a separate sheet of paper, if needed) Yourself, and Your spouse (if applicable), and Your children (if applicable), even if they don't live with you, IF you will provide more than half of their financial support from <u>July 1</u> , 2024 through <u>June 30</u> , 2025 and In addition, list the name of the college for any household member, who will be attending college at least half-time between July 1, 2024 through <u>June 30</u> , 2025 and will be enrolled in a degree, diploma or certificate program. | | | | | | | |
| *Full Name | | *Age | *Relationsh To Studen | | *College | *Will be Enrolle at Least Half Tim | |
| | | | SELF (STUDE | | LANGSTON UNIVERSITY | | |
| CERTIFICATION/SIGNATURES: The student 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 | | | | Dat | ie ie | | |