



**Failure to complete this form accurately may result in an adjustment to your financial aid eligibility and financial aid awards. Be sure you add the required signature(s) to SECTION C. Certification.**

### SECTION A: Household Member Criteria

Please list all family members or any other people who belong to your parent's household, including yourself, in **SECTION B. Household Member Listing** below, using these criteria:

**Dependent students:** List the people whom your parents will support between July 1<sup>st</sup> of this year through June 30<sup>th</sup> of the upcoming year, including:

- **Yourself** (in the field marked "Your name" in Section B)
- **Parent(s) and/or stepparents** if your biological or adoptive parents are married to each other OR are not married to each other but live together. If your parent is widowed and remarried as of today, list your parent and stepparent. If your parents were never married and do not live together OR are divorced or separated, list the parent with whom you lived more during the past 12 months. If you did not live with one parent more than the other (or not at all), list the parent who gave you the most support during the last 12 months, or during the most recent year that you received support from a parent. Also, list the spouse or partner if a parent has remarried.
- **Parents' other children** if the parents will provide more than half of their support from between July 1<sup>st</sup> of this year through June 30<sup>th</sup> of the upcoming year, or if the children would be required to provide parental information if they were completing a FAFSA. Include children who meet either of these standards or if the children do not live with the parents.
- **Parents' dependent children** if your parent(s) provides more than half of the support for any dependent children, or if those children would be required to give parental information when applying for federal aid.
- **Other people** if any other person lives with and receives **more than half** of his/her support from your parent(s) and will continue to receive **more than half** of his/her support from your parent(s) during the time period above.

### SECTION B: Household Member Listing

Based on the criteria given above, how many people live in your household? Include yourself in the total number. **List each person below whether or not s/he is attending a postsecondary institution.**

How many household members (excluding your parents) are or will be enrolled in a postsecondary degree or certificate program at **least half time (six credit hours)** between July 1st of this year through June 30th of the upcoming year? **For any household member included in this total number**, name the postsecondary institution s/he will attend, along with the degree each person is seeking in the list below. **Please provide documentation of enrollment for family member(s) attending at least half-time during this school year in a post-secondary institution (i.e. printout from the school's website of the current schedule, an acceptance letter, or a copy of the tuition and fees invoice).**

<u>Your name</u> (last, first, middle initial)	CPCC ID (if applicable)	Birthdate <small>(mm/dd/yyyy)</small>	Relation to you (the student) <b>Self</b>
Name of postsecondary institution <b>CPCC</b>	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Household member name (last, first, middle initial)	CPCC ID (if applicable)	Birthdate (mm/dd/yyyy)	Relation to you (the student)
Name of postsecondary institution	Degree or Certificate	Terms of enrollment (Check all that apply) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	

SECTION C: Certification and Signature	
Please provide your signature and the signature of your parent. By providing signatures, you are certifying that all of the information on this form is complete and correct.	
Student Signature	Date Signed
Parent's Signature	Date Signed

**Please Note:** Additional documentation may be required if we have reason to believe that the information regarding the household members enrolled ineligible postsecondary educational institutions is inaccurate. Please include ONLY those students enrolled in at least 6 credit hours in the Number in College.

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

*Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.*

Financial Aid/Veterans' Affairs  
 Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009  
 Telephone: (704) 330-6942 Fax: (704) 330-5053  
 You may submit in person, mail, or fax your documents to any of our six locations.