

<u>Submit Documents Via</u> Secure Electronic Submission: my.fordham.edu/fasubmitdocs

Fax: (718) 817-3921

2023-2024 Household Size / Number in College Form

Student's Name			FIDN:	
			contain unclear or conflicting information for ase clarify by completing all sections in the table below:	
List all the people in your parent(s)' hou	usehold (i.e. the household	of the p	parents' whose data was reported on the FAFSA)	
June 30, 2024 • Other people if they now live with your provide more than half their support from • Provide college information for any hou	n if your parent(s) will pro parent(s) and your parent(s) July 1, 2023 through June usehold member, excluding	vide mo s) provid 30, 202 your pa	re than half of their support from July 1, 2023 through de more than half of their support and will continue to	
FULL NAME OF FAMILY	RELATIONSHIP TO	AGE	Name of College This Person Will Be Enrolled	
MEMBERS	STUDENT		At Least Half Time	
1. (You the Applicant)	Self		Fordham University	
2.				
3.				
4.				
5.				
6. 7.				
1.			<u> </u>	
that providing misleading or false information. If additional information is recommended.	nation can jeopardize fina quested, I (we) agree to p The student and at least o	ancial a rovide t	best of my (our) knowledge. I (we) understand id eligibility and subject me (us) to federal the institution with any supporting documentation nt (for dependent students) must provide a	
Student's Name (Print)	Student's Signature		Date	
Parent's Name (Print)	Parent's Signature		 Date	