



Wayne County Community College District

District Office
801 W. Fort Street
Detroit, MI 48226
(313)496-2865
(313)963-8568 fax

Financial Aid

Name _____	A00 _____
Birthdate _____	SSN _____
Phone # _____	Email _____
Address _____	City, St, Zip _____

2009-2010 Household Size and Number in College

We have completed and initial review of your *Free Application for Federal Student Aid (FAFSA)* and we have to confirm the number of family members in your household. Please complete the table below and return this form to our Financial Aid Office.

Include the following individuals:

1. Your parents and stepparents, if applicable;
2. Your parent's children and stepchildren if they receive more than half their support from your parents from July 1, 2009 through June 20, 2010;
3. Your parent's children and stepchildren if they are required to provide parental information when applying for federal aid for the 2009-2010 school year;

If you are an independent student include your spouse, your children if they receive more than half their support from you between July 1, 2009 and June 30, 2010. Include other individuals who now live with you AND who now receive more than half of their support from you, AND who will continue to receive this support between July1, 2009 and June 30, 2010.

Student: Do not include yourself in the table.

Name of Family Member (Do not include yourself.)	Age	Relationship to Student	Name of college	Attending College for at Least One term in 2009-2010	
				Full time	Half Time
1)				<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>
7)				<input type="checkbox"/>	<input type="checkbox"/>

I certify that all of my information reported on this form is true, complete, and accurate. I understand that any false or misleading information on this form will be cause for denial and/or repayment of financial aid and me possibly be fined, sentence to jail, or both.

Student's Signature _____ Date: _____