HHM17

Coconino Community College
OFFICE OF STUDENT FINANCIAL AID

HOUSEHOLD MEMBERS AND NUMBER IN COLLEGE

(2016-2017 Academic Year – V1, V5, V6)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

@		
CCC ID#	**Last Name**	**First Name** **MI**
Mailing Address	**City**	**State** **Zip Code**
- -		
Telephone No. (include area code)	**Email Address**	

☐ I am classified as an **Independent Student** by the FAFSA	☐ I am classified as a **Dependent Student** by the FAFSA
• In the table below, list all household members who will receive more than half their support from you, from July 1, 2016 through June 30, 2017. • Include yourself, spouse, (if you are legally married) and children. • If you have legal guardianship of an individual other than your children, please list them as well.	• In the table below, list all household members that will receive more than half their support from your parent(s) from July 1, 2016 through June 30, 2017. • Include yourself, siblings, and parent(s), even if you do not live with them. If your parent is remarried, include your step-parent's information. • If your parent(s) have legal guardianship of an individual who lives in their house, please list them as well.

Full Name (All Household Members)	**Age**	**Relationship (to the student)**	**College**	**Will be enrolled in 6 or more credit hours? Y/N**
		Self	Coconino Community College	

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I understand that submission of false information may result in a delay or denial of federal financial aid and may subject me to criminal charges.

Student signature Date

Parent signature Date
(If dependent, your parent's signature is required)