

R  
Student Rocket Number

Student Last Name

Student First Name



**2018-19  
DEPENDENT STUDENT  
HOUSEHOLD INFORMATION WORKSHEET**

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

We have reviewed your 2018-19 Free Application for Federal Student Aid (FAFSA). Additional information is needed to clarify a conflict regarding your household members. Please complete and return this worksheet so that we can continue processing your application.

**Dependent Student Household**  
(Parent information was required on your FAFSA.)

List your household members in the chart below, including:

- Yourself
- Your parent(s)/stepparent, even if you don't live with your parent(s)/stepparent  
List only the parent(s)/stepparent whose information is required to be reported on the FAFSA, which includes biological parents who are unmarried and living together.
- Your parent(s)/stepparent's other children  
List children only if your parent(s)/stepparent will provide more than half of their support from July 1, 2018 through June 30, 2019, or the children would be considered dependent when applying for federal student aid.
- Other household members  
List others in the household only if they live with your parent(s)/stepparent now, they receive more than half of their support from your parent(s)/stepparent, and they will continue to receive this support from July 1, 2018 through June 30, 2019.

To avoid a delay in the processing of your financial aid, please print clearly.

FULL NAME OF EACH HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO STUDENT	NAME OF COLLEGE (if the household member, excluding parents, will be attending college at least half-time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program)	ENROLLMENT STATUS (FT/HT/LHT) Indicate the enrollment status of household members who will be attending college: FT (12 or more credit hours), HT (6-11 credit hours), or LHT (1-5 credit hours)
		Self	The University of Toledo	

DO NOT LEAVE BLANK

**STUDENT AND PARENT SIGNATURES ARE REQUIRED BELOW.**

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

**Certification Statement:** By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

**TO RETURN THIS FORM:**

Mail to: The University of Toledo  
Office of Student Financial Aid  
2801 West Bancroft Street, Mail Stop 314  
Toledo, OH 43606-3390

Fax to: 419.530.5835

Upload to: myUT.utoledo.edu  
"My Financial Aid"  
"Secure Financial Aid Document Upload"

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.