

R _____
Student Rocket Number

Student Last Name

Student First Name



**2019-20
INDEPENDENT STUDENT
HOUSEHOLD INFORMATION WORKSHEET**

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

We have reviewed your 2019-20 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.

Independent Student Household
(Parent information was not required on your FAFSA.)

List below your household members, including:

- Yourself.
- Your spouse (if you are married).
- Your and your spouse's children. List children only if you (or your spouse, if married) will provide more than half of their support from July 1, 2019, through June 30, 2020, or the children would be considered dependent when applying for federal student aid.
- Other people, if they live with you and your spouse, they receive more than half of their support from you and your spouse, and they will continue to receive this support from July 1, 2019, through June 30, 2020. Attach an additional page, if needed.

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 will be attending college at least half-time between July 1, 2019, and June 30, 2020, 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)
		<i>Self</i>	<i>The University of Toledo</i>	

DO NOT LEAVE BLANK

YOUR SIGNATURE IS REQUIRED BELOW.

AN ELECTRONIC SIGNATURE IS NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I 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

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.