

Household Size Independent 2014-2015

HHSIZI1415

| List below the people in your household. Include: Yourself. Your spouse, if you are married. Your children, if any, if you will provide more than half of their support from July 1, 2014, through J the child would be required to provide your information if they were completing a FAFSA for 2014-children who meet either of these standards, even if they do not live with you. Other people if they now live with you and you provide more than half of their support and will cormore than half of their support through June 30, 2015. Include the name of the college for any household member who will be enrolled at least half time, in a degreerificate program at a postsecondary educational institution any time between July 1, 2014 and June 30, 21 ff more space is needed, attach a separate page with your name and Banner ID Number at the top. Full Name Age Relationship College Will Le. Self Miami University Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: Married/Remarried Single Separated Divorced Widowed Month and year you were married, separated, divorced, or widowed | |
|--|--|
| List below the people in your household. Include: Yourself. Your spouse, if you are married. Your children, if any, if you will provide more than half of their support from July 1, 2014, through J the child would be required to provide your information if they were completing a FAFSA for 2014-children who meet either of these standards, even if they do not live with you. Other people if they now live with you and you provide more than half of their support and will cormore than half of their support through June 30, 2015. Include the name of the college for any household member who will be enrolled at least half time, in a degreerificate program at a postsecondary educational institution any time between July 1, 2014 and June 30, 21 ff more space is needed, attach a separate page with your name and Banner ID Number at the top. Full Name Age Relationship College Will Le. Self Miami University Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: Married/Remarried Single Separated Divorced Widowed Month and year you were married, separated, divorced, or widowed | |
| List below the people in your household. Include: Yourself. Your spouse, if you are married. Your children, if any, if you will provide more than half of their support from July 1, 2014, through I the child would be required to provide your information if they were completing a FAFSA for 2014-children who meet either of these standards, even if they do not live with you. Other people if they now live with you and you provide more than half of their support and will cor more than half of their support through June 30, 2015. Include the name of the college for any household member who will be enrolled at least half time, in a degreerificate program at a postsecondary educational institution any time between July 1, 2014 and June 30, 21 ff more space is needed, attach a separate page with your name and Banner ID Number at the top. Full Name Age Relationship College Will Le. Self Miami University Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: Married/Remarried Single Separated Divorced Widowed Month and year you were married, separated, divorced, or widowed | |
| Yourself. Your spouse, if you are married. Your children, if any, if you will provide more than half of their support from July 1, 2014, through the child would be required to provide your information if they were completing a FAFSA for 2014-children who meet either of these standards, even if they do not live with you. Other people if they now live with you and you provide more than half of their support and will comore than half of their support through June 30, 2015. Include the name of the college for any household member who will be enrolled at least half time, in a degreertificate program at a postsecondary educational institution any time between July 1, 2014 and June 30, 2 lf more space is needed, attach a separate page with your name and Banner ID Number at the top. Full Name Age Relationship College Will Lei Self Miami University | Banner ID + |
| Full Name Age Relationship College Lea Self Miami University Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: | ied. vill provide more than half of their support from July 1, 2014, through June 30, 2015, or if to provide your information if they were completing a FAFSA for 2014–2015. Include these standards, even if they do not live with you. e with you and you provide more than half of their support and will continue to provide |
| Full Name Age Relationship College Will Le: Self Miami University Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: | ry educational institution any time between July 1, 2014 and June 30, 2015. |
| Self Miami University Lei | and the top |
| Please indicate below your marital status at the time the 2014-2015 FAFSA was originally filed: Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | Age Relationship College Will be Enrolled at Least Half Time? |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | Self Miami University |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Married/RemarriedSingleSeparatedDivorcedWidowed Month and year you were married, separated, divorced, or widowed | |
| Month and year you were married, separated, divorced, or widowed | atus at the time the 2014-2015 FAFSA was originally filed: |
| Month and year you were married, separated, divorced, or widowed | gleSeparatedDivorcedWidowed |
| CERTIFICATION: I certify that all the information reported to qualify for federal student aid is complete and | |
| | information reported to qualify for federal student aid is complete and correct |
| Student Signature (required) Date For | Date For office use only: |