## VRHD24



## WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648 <a href="mailto:studentservice@wayne.edu">studentservice@wayne.edu</a> • wayne.edu/financial-aid • Check your aid status at <a href="mailto:academica.wayne.edu">academica.wayne.edu</a>

## 2023-24 Household Size & Number in College – Dependent Student

				_		
Student's First Name				9-digit WSU Student ID #		
Student's Last Name				Phone Number		
	rate. Please comp	olete and submit this	form to th	e Office of Student Fina	nfirming that the information you ancial Aid within 14 business days	
IUMBER OF HOUS						
ou and your parent must con	nplete, sign and s	ubmit this form listin	ng the name	e and age of each of yo	ur parent(s)'s household member res will be considered incomplete	
arent(s) in the household	<b>d:</b> Include your pa	arents (and/or steppar	rent) even if	the student doesn't live	with the parents.	
	ological or adoptiv	e parents, or your par	rents as det	ermined by the state—f	ould report information about both or example, if the parent is listed o	
Step 1 Parent 1 livi	ng in the hous	sehold - Name	Age	Parent 2 living i	n the household - Name	Age
	ore than half of the	Relationship to the student (i.e., sibling,	Enro universi	Its provide more than half of their support and will continue to gh June 30, 2024.  Illed in a college/ y degree program at alf-time in 2023-24  Name of College or University		
and Others Supported (See a	bovej	grandparent)	July 1, 2023 - June 30, 2024			
		SELF	Yes	No No	WAYNE STATE UNIVER	SITY
		SIBLING	Yes	$\square_{No}$		
			Yes	No No		
			Yes	<sub>No</sub>		
			Yes	. No		
			Yes	No No		
Check here if you hav Include your name and					e sheet.	
REQUIRED	SIGNATUR	<b>ES:</b> I certify that all	informatio	n reported on this form	n is complete and correct. I under sult in a change in financial aid el	
Chr. dan. dan.				DECLURED December 1		Dete
Student signature (Signature must b	<b>e</b> e handwritten with	<b>Date</b> n ink or stylus)		REQUIRED Parent sign	atuit	Date