OFFICE OF FINANCIAL AID DIVISION OF ENROLLMENT AND ACCESS Centennial Hall 1065 Campus Delivery Fort Collins, Colorado 80523-1065 (970) 491-6321 (970) 491-5010 FAX www.financialaid.colostate.edu



2020-2021 Household Information for Dependent Students

Student Name (please print)			CSUID
ist the people your parent(s)	/steppar	ent will support betwe	en July 1, 2020 and June 30, 2021.
his/her spouse, if applicable. The parents' other children if 2020, through June 30, 2021 were completing a FAFSA for children do not live with the property of they now live support and will continue to pumber in College: Please include, enrolled at least half time in aducational institution any time between	the pared, or if the race 2020–2 tarents. with the pared in the a degree, etween J	nts will provide more that other children would be 021. Include children w parents and the parents fore than half of their suppose below information diploma, or certificate pluly 1, 2020, and June 3	In half of the children's support from July 1, required to provide parental information if they ho meet either of these standards even if the provide more than half of the other people's oport through June 30, 2021. In about any household member who is, or will program at an eligible postsecondary 10, 2021, include the name of the college.
NAME OF FAMILY MEMBERS (excluding parent information will result in an incomplete document)	AGE	RELATIONSHIP TO YOU, THE STUDENT (ex. self, mother, stepmother, father, stepfather, sibling)	will this family member attend college at least half time in 2020-2021 in a degree or certificate program? If yes, list college name below
		Self	College Name: Colorado State Univ.

Parent's Signature

2020-2021

Date