



Office of Financial Aid

Additional Household Member

Request Date: _____

Name: _____ L#: _____

Return this form to the Office of Financial Aid within 10 days of receipt. Your financial aid will not be processed if any portion of this form is incomplete.

Section A: Additional Household Member Information

On the financial aid application and/or verification form, it was indicated that the following individual(s) listed below will receive more than 50% of their support from you/your spouse or your parents from July1, 2011 through June 30, 2012. Please confirm this by checking one of the statements below:

Additional Household Member	Age	Relationship To Student	Will You Provide for more than 50% Of Their Support? Check "YES" or "NO"	
1.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.			YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.			YES <input type="checkbox"/>	NO <input type="checkbox"/>

- If you checked **NO** to all individuals listed, complete Section D. You and one parent, if parent information was required on the 2011/2012 FAFSA, must sign and return this form to the Office of Financial Aid.
- If you checked **YES** to at least one individual, complete Sections B, C, and D with the information for the individual(s) for which you answered "YES". You and one parent, if parent information was required on the 2011/2012, must sign and return this form to the Office of Financial Aid.

Section B: Expense Information for 2011/2012

INSTRUCTIONS: For each individual you answered "YES" to in Section A, List their total expenses they will incur from July 1, 2011 to June 30, 2012. Expenses include housing (rent/mortgage), child support **paid**, utilities, food, automobile expenses (maintenance, insurance, car payments), groceries and other personal expenses (clothing, toiletries).

Individual's Name	1.	2.	3.
Estimated Total Expenses from 07/1/11 – 06/30/12	\$ _____ per yr.	\$ _____ per yr.	_____ Per yr.

over



Section C: Income Information for 2011/2012

EXPECTED SOURCE AND AMOUNT OF INCOME FROM JULY 1, 2011 THROUGH JUNE 30, 2012.

For each individual you answered "YES" to in Section A, write the total amount of income expected to be received or earned by the additional household member from July 1, 2011 through June 30, 2012. Sources of income include but are not limited to wages, social security benefits, unemployment compensation, workman's compensation, retirement/pensions, welfare/TANF, government assistance, child support **received** veteran's benefits and income from any other source.

Individual's Name	1.	2.	3.
Estimated Total Income from 07/11/11-06/30/12	\$ per yr.	\$ per yr	\$ per yr.

Please provide a written explanation that includes other details (date the person(s) began living in the household, their current employment status) you would like us to consider related to your/your parents' support of this person(s). If you need additional space, continue on a separate sheet of paper. Please print your remarks.

Section D: Certification

I HAVE READ AND UNDERSTAND THE FOLLOWING STATEMENTS:

- If I purposely give false or misleading information, LCCC will cancel my financial aid and report conflicting information to the Office of Inspector General for investigation.
- For federal financial aid, if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.
- I declare that the information reported is true, correct and complete to the best of my knowledge and belief.
- By signing this document, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if this document is incomplete, my student aid will be delayed.

Student signature

Date

Parent signature

Date

(One parent must sign if parent information was required on the 11/12 FAFSA)

PLEASE RETURN TO:
Office of Financial Aid
Lehigh Carbon Community College
4525 Education Park Dr
Schnecksville PA 18078
FAX 610-799-1798