

## 2023-2024 Household Size Dependent Student

tudent Name:		UIN:	
Complete, sign and upload this wor Contact the OneStop Office if you h	•	· · · · · · · · · · · · · · · · · · ·	
A. Household Size Information (Plea	se read the fo	ollowing paragraphs in their entirety b	efore completing this section.)
You previously submitted a Verification significantly different from what you in the reported on this worksheet. The injudifiect your financial aid eligibility.	reported on	your FAFSA. Please read the paragi	raph below to determine who should
List all persons for whom your parent(s 2024. Write your name on the first lir than your parent(s) is attending college eligible degree, diploma or certificate	ne then inclu e (at least ha	ide your parent(s) and your parent(alf-time between July 1, 2023 and Ju	(s) other dependents. If anyone other
Full Name	Age	Relationship to Student	College
		Self	Baker College
If more space is needed, attach a separate	page with you	ur name and UIN listed at the top)	
B. Sign this Worksheet			
By signing this worksheet, I (we) cert give false or misleading information on this worksh			e and accurate. WARNING: If you purposely
Student Signature:(Physical Signature	- 2 winod)	Date:	
Parent Signature:(Physical Signature	Poquired)	Date:	
(PHysical Signati	лге кединеи)		
		quired attachments securely via the St financialaidportal or Fax: 989-729-390	
<u></u>	iy.bukci.cuu/	Inductara of Tax. 363 723 330	/1.

Items can also be mailed: Financial Aid Processing Center, P.O. Box 77000, Owosso, MI 48867-7700.