



HOUSEHOLD CERTIFICATION (HHOLD)

_____ / _____
Student Name (Last, First, MI - please print) **Social Security#** and **Student ID**

Independent Students:

List the people in your household, include:

- your spouse, if you have one, AND
- your children, if you will provide more than half of their **support*** from July 1, 2008 through June 30, 2009, and

Include other people only if:

- they now live with you, and you provide more than half of their **support***, AND
- you will continue to provide more than half of their **support*** from July 1, 2008 through June 30, 2009.

Dependent Students:

List the people in your parents' household, include:

- your parent(s) (including stepparent) even if you don't live with your parent(s), AND
- your parents' other children, even if they don't live with your parent(s), *if* (a) your parents will provide more than half of their **support*** from July 1, 2008 through June 30, 2009, *or* (b) the children would be required to give parental information when applying for Federal Student Aid, and

Include other people only if:

- they now live with your parents, and your parents provide more than half of their **support***, AND
- your parents will continue to provide more than half of their **support*** from July 1, 2008 through June 30, 2009.

**Support includes money, gifts, loans, housing, food, clothes, transportation, medical/dental care and payment of college costs, etc.*

Write the names of all household members in the space(s) below. Also, write the name of the college for any household member, excluding Dependent student's parent(s), who will be attending at college least half-time (6 credits or more) between July 1, 2008 and June 30, 2009, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page (with all the information below).

Full Name	Age	Relationship to you	Social Security Number	Name of College; City, State (No abbreviations)
Student:		SELF		Glendale Community College
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

By signing this document, I/we certify that all the information on this form is complete and correct

Student Signature

Date (mm/dd/yyyy)

Parent Signature

Date (mm/dd/yyyy)

Return this form with in 15 days to the Glendale Community College Financial Aid Office
 6000 W. Olive Avenue • Glendale, AZ 85302 • (623) 845-3366 • Fax (623) 845-3310

<http://www.gc.maricopa.edu/finaid/>