



SOUTHWESTERN OREGON COMMUNITY COLLEGE

FINANCIAL AID OFFICE

1988 NEWMARK ♦ COOS BAY OR 97420-2912 ♦ (541) 888-7337 ♦ 1-800-962-2838 ext. 7337

[www.socc.edu/serv\\_resrc/faweb2](http://www.socc.edu/serv_resrc/faweb2)

HOUSEHOLD INFORMATION FOR 2009-2010  
DEPENDENT STUDENT

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

How many people are in your parent's household? \_\_\_\_\_

- Include your parents and yourself (even if you don't live with your parents).
- Include your parents' other children if (a) your parents will provide more than half of their support from July 1, 2009 through June 30, 2010 or (b) the children could answer "No" to every question in Step Three on the FAFSA.
- Include other people if they now live with your parents, and your parents will provide more than half of their support from July 1, 2009 through June 30, 2010. \*

How many of the above number will be attending college between  
July 1, 2009 & June 30, 2010? \_\_\_\_\_

- Include yourself.
- Include those who will be attending college at least half-time in 2009-2010 and pursuing a degree for at least one term/quarter/semester (**Do not include your parents**).

Note: If parent is attending college, see a Financial Aid representative about a Professional Judgment.

*LIST ALL MEMBERS OF THE HOUSEHOLD STATED ABOVE:*

Name	Age	Relationship	College/School
Student:		Self	

Student's Signature: _____	Date: _____
Parent's Signature: _____	Date: _____

\* To qualify for this, parents must provide more than half of each person's support. Do not change the household number if there has been a change in marital status (see a Financial Aid Representative for further information).