



# Rockingham COMMUNITY COLLEGE

Financial Aid Office PO Box 38 Wentworth NC 27375

Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: [finaid@rockinghamcc.edu](mailto:finaid@rockinghamcc.edu)

## # 81 Number of Household Members and Number in College (Dependent Student)

**Number of Household Members:** In the table below, list the members of the parents' household. Include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2020 through June 30, 2021 or if the other children would be required to provide parental information if they were completing a FAFSA for 2020–2021. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2021. **Additional information may be required.**

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship to Student
		<i>Self</i>

**Number in College:** If any household member listed above is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020 and June 30, 2021, list them below. Please include the full name of the college.

Full Name	College	Will be Enrolled at Least Half Time for the 2020-2021 year? (Yes or No)
	<i>Rockingham Community College</i>	<i>Yes</i>

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate or if the numbers do not match the submitted 2020-2021 FAFSA.

### Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**WARNING:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Print Student's Name

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

V1, V5