



BEAUFORT

COUNTY COMMUNITY COLLEGE
Office of Financial Aid

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2023-2024

Independent Number in Household Form

Student Name: _____ Student ID: _____

Number of Household Members – List below the people in the student’s household. Include:

- **The student**
- **The student’s spouse**, if the student is married
- **The student’s or spouse’s children** if the student or spouse will provide more than half of the children’s support from July 1, 2023, through June 30, 2024, even if a child does not live with the student.
- **Other people** if they now live with the student and the student or spouse provides 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, 2024.

Number in College – Include in the space below information about any household member who 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, 2023, and June 30, 2024, and include the name of the college.

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	College/University Attending 2022-23	Will be Enrolled At Least Half-Time (Yes or No)
		Self	Beaufort County Community College	

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.

Certification and Signatures

Each person signing below certifies that all of the information reported on this form and any documentation provided is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student’s Signature (Required)

Date

Spouse’s Signature (Optional)

Date