financial.aid@nau.edu | 928-523-4951 PO Box 4108, Flagstaff, AZ 86011 nau.edu/osfa nau.edu/OSFAdoc-upload

2023-2024

Change in Household Size or Number in College

| A. Student Information | | | |
|------------------------|------------------------|--|--|
| Student Name: | 7-digit NAU ID Number: | | |
| Phone: | NAU E-mail: | | |

Our records indicate that you recently made a change to the number of people in your household or in college on the Free Application for Federal Student Aid (FAFSA), or you claim these fields were completed incorrectly at the time of filing. Neither students nor parents may modify a FAFSA's data elements to reflect changes that have occurred since the date the FAFSA was submitted. However, if the change was made in error, you may correct the error.

The correction must be accurate as of the date the FAFSA was filed, not the date the information was changed.

Instructions:

List the people in your parent(s)' household or your household (if independent). Your list may include, but is not limited to, the following:

- Dependent student List yourself, your parents or legal guardians, and all members of their household for whom your parents will provide more than 50% of their support in the 2023-24 academic year.
- Independent student List yourself, your spouse, any dependents, and any other people that now live with you and for whom you will provide more than 50% of their support in the 2023-24 academic year.
- Include the college name for any household member, excluding parents, who will be enrolled at <u>least half-time</u> at an eligible postsecondary educational institution any time between July 1, 2023 and June 30, 2024.
- Complete this form in its entirety; answer all questions.
- Submit all pages of this form along with any other pending financial aid documents by secure upload to nau.edu/OSFAdoc-upload.

| B. Household Information (attach additional pages if necessary) | | | | |
|---|-----|-------------------------|-----------------------------|--|
| Full Names of Each Household Member | Age | Relationship to Student | College Attending 2023-24 | |
| | | Self (student) | Northern Arizona University | |
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| C. Agreement and Understanding (please read carefully before signing) | | | | |
| By signing this form, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. If you purposely give false or misleading information on your FAFSA or on this form, you may be fined, sentenced to jail, or both (20 U.S. Code § 1097) and may face disciplinary action at Northern Arizona University. | | | | |
| Important: Review this form before signing to confirm all fields have been completed. If a field does not apply to you, enter 0 or N/A. Incomplete forms will not be processed and will be shredded for security purposes. | | | | |
| Typed signatures cannot be accepted. | | | | |
| Student Signature: | | Date: | | |
| Parent Signature: (dependent students only) | | Date: | | |
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