

Boston University Financial Assistance

Household Member Listing – Dependent Student 2024/2025

BU Student's Name: _____ BU I.D. #U___ - __ - ___

Ema	il:	Phone:			
,	 table below: List yourself, the BU student. List both your legal parent(s) if they live regardless of their gender. List only the parent you lived with moother, or were never married to each of List your parent(s)' (and/or stepparent) 	ost during her and do	the past 12 months if they are s not live together. If remarried, incl	eparated or divorced from each lude spouse.	
•	parent(s) (and/or stepparent) will provid or the children would be required to pro were completing a FAFSA.	le more tha vide paren	an half of their support from July 1, tal information about your parent(s	2024 through June 30, 2025, s) (and/or stepparent) if they	
•	 List any other household members if stepparent) will continue to provide more 	they now e than half	live in your parent's household and f of their support from July 1, 2024	d your parent(s) (and/or through June 30, 2025.	
the n	e the names of all household members, their name of the college any household member, and June 30, 2025 if the household member	excluding	your parent(s), will be attending a	it least half time between July 1,	
	Relationship to BU Student	Age	First and Last Name	College (if attending)	
1	You (the BU student)			Boston University	
2	Parent of BU Student				
3	Parent of BU Student				
4					
5					
6					
7					
8					
10					
Total	I Household Members Reported Above:				
Mari	tal Status of Student:				
	□ Single/Never Married □ Divorced/Never Married	Vidowed	☐ Separated ☐ Married/Remar	ried	
Mari	tal Status of Student's legal (biological a	nd/or ado	otive) parent(s)		
	☐ Married ☐ Separated ☐ Living To	•		Divorced and Remarried	
	☐ Divorced/Widowed and Not Remarrie	•			
	☐ Single/Never Married				
Stud	ent's Signature		Date:		
	nt's Signature		Date:		
. are	into orginataro		Date		