

## Clarification of Custodial Parent Household Size

Student Name: \_\_\_\_\_\_ Lehigh Identification Number (LIN): \_\_\_\_\_\_

On the grid below, list and provide information about each person your parents will provide more than half of their financial support between July 1, 2025 and June 30, 2026.

## Include **yourself**, **your parent(s) with whom you live (including step-parent) and dependents** currently living in your parents' household.

| Full Name         | Age | Relationship to<br>Student | Name of School or<br>College** | Undergrad (year)<br>or Graduate** | Total Cost of<br>Attendance** | Scholarships<br>& Grants** | Housing<br>Code* |
|-------------------|-----|----------------------------|--------------------------------|-----------------------------------|-------------------------------|----------------------------|------------------|
| Student Applicant |     | Self                       |                                |                                   | N/A                           | N/A                        |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |
|                   |     |                            |                                |                                   |                               |                            |                  |

If more than 8 people are included in the household, please provide a second copy of this form with that information.

\*Housing Codes: 1 - live at school (on or off campus) 2 – live at home

\*\*Complete these sections if your parents will pay tuition for any household member listed above (elementary, secondary or post-secondary) in the 2025-2026 award year. If enrollment plans change for any person listed above, *notify us immediately*. Changes in enrollment will most likely affect your aid eligibility. Please indicate if the student receives any merit and/or athletic scholarships.

> Please submit to Lehigh University's Office of Financial Aid via the <u>go.lehigh.edu/finaiddoccenter</u>, by mail, or by fax (610)758-6211. You may also contact our office at (610)758-3181 or <u>financialaid@lehigh.edu</u>