HSIZD

Household Information 2016–17 (Dependent)

UNIVERSITY of INDIANAPOLIS.

Office of Financial Aid
1400 East Hanna Avenue
Indianapolis, IN 46227-3697
Phone: (317) 788-3217 / Fax: (317) 788-6136
financialaid@uindy.edu

Student Name _____ Student ID # A_____

Date of Birth _____ Phone_____

Email _____

Fill in the information about the people your parent(s) will support between July 1, 2016, and June 30, 2017. Include:

(1) **yourself; and**

(2) **your parent(s)(including stepparents)** even if you do not live with your parent(s), or

(3) **both your parents** if they live together but are not married, and

(4) **other children of your parent(s),** even if they don't live with your parent(s), **if** (a) your parent(s) provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid, and

(5) **other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.**

Write in the names and ages of all household members in the space(s) below. Also write in the relationship of each member to the student and the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2016, and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE
		SELF	UIndy

We certify that (1) we are the student and parent and (2) all of the information reported is complete and correct. (Warning: If you purposely give false or misleading information on this form, under federal law you may be fined $20,000, be sentenced to jail, or both.)

_____ _____ _____ _____

Student's signature Date Parent's signature Date

Please make sure both signatures are complete before submitting this form to the Office of Financial Aid. In the event the Office of Financial Aid determines this form to be incomplete, please indicate a return address: _____

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