

**Household Information  
2016-17 (Independent)**

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 you (and your spouse if married) will support between July 1, 2016, and June 30, 2017. Include,**  
**(1) yourself, and**  
**(2) your spouse (if married), and**  
**(3) your dependent children** if you (and your spouse) will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with you, and  
**(4) other people only if** they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016, and 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 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

*I certify that (1) I am the student 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

Please indicate a return address so the Office of Financial Aid can contact you if it determines this form to be incomplete:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_