

Household Information 2009–2010 (Dependent)

UNIVERSITY *of* INDIANAPOLIS®

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

Student Name: _____ **SS #:** _____
Date of Birth: _____ **Student ID #:** _____
E-mail: _____ **Phone #:** _____

List the people in your parental household and include:

- (1) *yourself*
- (2) *the parent(s) you live with (including stepparents)*
- (3) *your parent's or parents' other children 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*
- (4) *other people, if they now live with your parent(s) and your parent(s) provide more than half their support and will continue to provide more than half of their support from July 1, 2009, through June 30, 2010.*

Write in the name of the college for any member, excluding your parent(s), who will be attending college at least half-time between July 1, 2009, and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE (Include household members who will be enrolled half-time in a degree or certificate program in 2009–2010.)

We certify that all information reported is complete and correct:

Parent's signature

Date

Student's signature

Date

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