# Household Information
# 2009–2010 (Independent)

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:**_____ **SS#:** _____

**Date of Birth:** _____ **Student ID#:** _____

**E-mail:**_____ **Phone#:** _____

*Fill in the information about the people you (and your spouse) will support between July 1, 2009, and June 30, 2010.* ***Include (1) yourself, (2) your spouse, and (3) your dependent children*** *(if you or your spouse will provide more than half of their support from July 1, 2009, through June 30, 2010).*

***Include other people only if*** *they (1) lived with and received more than half of their support from you or your spouse at the same time you completed the FAFSA,* ***and*** *(2) will continue to get this support between July 1, 2009, and June 30, 2010.*

*Write in the name of the college or university for any household member below who will be attending a college or university 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.) |
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***I certify that all information reported is complete and correct:***

_____ _____
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:

_____

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_____

*(HSIZI)*