

Household Information Form

Independent Student Verification

Office of Student Financial Assistance
 Indiana University
 601 East Kirkwood Avenue
 Franklin Hall 208
 Bloomington, IN 47405-1223
 ☎: 812.855.0321 📠: 812.856.0514
<http://www.indiana.edu/~sfa>

Student Name _____ **University ID Number** _____
 (Please print) Last First Middle

This chart is to be completed with family members required to be listed on the student's 2009-2010 FAFSA.

- List your spouse's information unless he or she is not living in the household due to separation or divorce
- List other family members who will live in your household from July 1st, 2009 to June 30th, 2010 and receive more than half their support from you.
- List the name of the college for any household member who will be attending at least half time during the 2010 Academic Year and who will be enrolled in a degree or certificate program.

Full Name of Household Member	Age	Relationship to Student	Name of College
		Spouse	

Statement of Understanding: *I certify all the information reported above is complete and correct to the best of my knowledge.*

Student Signature _____ **Date** _____

2009-2010 Academic Year