2015-2016 DEPENDENT
HOUSEHOLD FORM
Office of Undergraduate Financial Aid

STUDENT NAME
ID NUMBER

HOUSEHOLD INFORMATION

In the table below, list the name, age and relationship of people in your parent’s household that they will support between July 1, 2015 and June 30, 2016.

- Include yourself
- Include your parent(s) (including stepparent) even if you don’t live with your parents.
- Include your parent’s other children even if they don’t live with your parent(s) if:
  - They get more than half their support from your parent(s) OR
  - They are in college and required to provide parent income on the FAFSA.
- Include other people ONLY if:
  - They now live with your parent(s) AND
  - They now get more than half their support from your parent(s) AND
  - They will continue to get this support between July 1, 2015 and June 30, 2016 (support includes money, gifts, loans, housing, food, clothes, medical and dental care, payment of college costs, etc.).

Please include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution anytime between July 1, 2015 and June 30, 2016.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP (spouse, child, etc.)</th>
<th>COLLEGE ATTENDING</th>
<th>PARENT(S) PROVIDE MORE THAN HALF OF THEIR SUPPORT?</th>
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<tbody>
<tr>
<td>Self</td>
<td>Chapman University</td>
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<td>Yes □ No □</td>
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</tbody>
</table>

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide proof of the information that I have given on this form. I realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT SIGNATURE
DATE

(FERDHH)