

STUDENT NAME \_\_\_\_\_

ID NUMBER \_\_\_\_\_

**Household Information for Dependent Students:**

- **Yourself and your parents.** If your parents are divorced or separated, then list the parent whom you live with the majority of the year, or whom supports you the most. If that parent has remarried, also include that stepparent.
- **Your siblings, or parents' other children,** if your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019 (even if they do not live with your parent[s]).
- **Other people if they now live with your parent(s)** and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.
- **Include the name of the college** for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018, and June 30, 2019.
- **Do not list your parents' colleges if they are attending college.**

**Household Information for Independent Students:**

- **Yourself and your spouse,** if married.
- **Your children,** if you will provide more than half of their support from July 1, 2018, through June 30, 2019 or if the child would be required to provide your information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, even if they do not live with you.
- **Other people 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 through June 30, 2018. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.
- **Include the name of the college** for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018, and June 30, 2019.

NAME	AGE	RELATIONSHIP (mother, sibling, etc.)	COLLEGE ATTENDING (Do not include parent's college)	ENROLLED AT LEAST ½ TIME?	PARENT(S) PROVIDE MORE THAN HALF OF THEIR SUPPORT?
		Self	Chapman University	Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 \_\_\_\_\_

PARENT SIGNATURE (FOR DEPENDENT STUDENTS) \_\_\_\_\_

DATE \_\_\_\_\_