



2023-2024 INDEPENDENT
HOUSEHOLD FORM
Office of Graduate Financial Aid

STUDENT NAME

ID NUMBER

HOUSEHOLD INFORMATION

List below the people in your household. Include:

- **Yourself and your spouse**, if married.
- **Your children**, if you will provide more than half of their support from July 1, 2023, through June 30, 2024 or if the child would be required to provide your information if they were completing a FAFSA for 2023-2024. 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, 2024. 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, 2023, and June 30, 2024.

NAME	AGE	RELATIONSHIP (spouse, child, etc.)	COLLEGE ATTENDING	YOU 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"/>

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