



STUDENT NAME

ID NUMBER

Household Information for Dependent Students

- **Yourself and your parents.** If your parents are divorced or separated, list the parent who you live with the majority of the year, or who supports you the most. If that parent has remarried, also include that stepparent. If your parents live together but are divorced, separated, or were never married, then you must provide information for both parents.
- **Your siblings, or parents' other children,** if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, 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, 2024.
- **Include the name of the college** for any household member, excluding parents, 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.

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, 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.
- **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.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half 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: I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Office of Undergraduate Financial Aid, 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 or loss of eligibility, repayment of aid, referral to the Chapman University Conduct Board, and/or a referral to the federal Office of the Inspector General.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (**FOR DEPENDENT STUDENTS**)

DATE