CHAPMAN UNIVERSITY

2016-2017 INDEPENDENT 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 household that you will support between July 1, 2016 and June 30, 2017.

- Include yourself
- Include your spouse.
- Include your children if they get more than half their support from you.
- Include other people **ONLY** if:
  - They now live with you **AND**
  - They now get more than half their support from you **AND**
  - They will continue to get this support between July 1, 2016 and June 30, 2017 (support includes money, gifts, loans, housing, food, clothes, medical and dental care, payment of college costs, etc.). You may be asked to provide proof of this support.

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, 2016, and June 30, 2017.

NAME	AGE	RELATIONSHIP (spouse, child, etc.)	COLLEGE ATTENDING	DO YOU PROVIDE MORE THAN HALF OF THEIR SUPPORT?
		Self	Chapman University	
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

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 _____