

## 2019-20 FAFSA VERIFICATION HOUSEHOLD INFORMATION FORM

Student Nam	e			University	ID Number	
(please print)	Last	First		Middle		
Instructions:						
<ul> <li>Please list</li> </ul>	the name, rela	ationship (i.e. sib	ling, spo	use), and age of each hoເ	sehold member who w	ill live in your
		• •	• .	, 2020 and receive more t		•
. ,		• •		and receiving 50%or mor	• • • • • • • • • • • • • • • • • • • •	
	n the househo		,	J	, ,	
			ehold me	mber (excluding parents	/step-parents) who w	ill be attending at
		•		and who will be enrolled i	• • •	•
	_	<u> </u>		onal household members	=	· -
	•		•	g the FAFSA, exclude her/l	·	•
		•		the FAFSA, include her/his	•	
•			_	, report both of them on this	•	
n your pare	one are armar	_	_	·		
		Secu	rely uplo	oad form to go.iu.edu/zs.	<u>Z</u>	
					Name of Callege	Enrolled at Least
Full Nan	ne of Househol	d Member	Age	Relationship to Student	Name of College (if enrolled)	Half-Time?
					(	(Yes or No)
				Parent/Step-parent	N/A	N/A
				Parent/Step-parent	N/A	N/A
Please explain	any changes	from the househ	old inforn	nation you reported on yo	ur FAFSA:	
Signature and	d Consent					
Signature certifies processing. Please	that you have rea e allow 10-15 busi	d the statement belo iness days for proces	w. <b>Form m</b> ssing.	ust be printed, signed, and date	<b>d.</b> An incomplete form will	delay or prevent
I certify that all of t	he information pro	ovided on this form is	correct to	the best of my knowledge. I und	erstand that if I purposely giv	e false or misleading
information on this	form I am liable f	or cancellation or rep adjustment in financia	ayment of	all or part of my financial aid. In	addition, I understand that co	ompleting this form
Student Signature					Date	
Parent Signature					Date	
						$\overline{}$

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