



Student Name _____ University ID Number _____
(please print) Last First Middle

Parent Information:
What was your parent(s) marital status as of the date you completed the FAFSA? (Select One)

Never Married Married/Remarried Separated Divorced Widowed

Date the status above occurred: _____ Unmarried and both parents living together
Month/Day/Year

- Instructions:**
- Please list the name, relationship (i.e. spouse, son, daughter), and age of each household member.
 - If your parent was divorced or separated before filing the FAFSA, exclude her/his spouse's information.
 - If you were married or remarried before filing the FAFSA, include your spouse's information.
 - List the family members who will live in your parent(s) household from **July 1, 2020 to June 30, 2021** and will receive more than half of their support from them. *Include children attending college away from home.*
 - List the name of the college for any household member who will be attending at least half-time during the **2020-2021 school year** and who will be enrolled in a degree or certificate program.

Full Name of Household Member	Age	Relationship to Student	Name of College (if enrolled)	Enrolled at Least Half-Time? (Yes or No)
		Parent/Step-Parent		
		Parent/Step-Parent		
		SELF/Student		

Comments:

Signature and Consent

Signature certifies that you have read the statement below. **Form must be signed and dated.** An incomplete form will delay or prevent processing. Please allow 10-15 business days for processing.

I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form I am liable for cancellation or repayment of all or part of my financial aid. In addition, I understand that completing this form does not guarantee an increase or adjustment in financial aid.

Student Signature _____ Date _____

Parent Signature _____ Date _____