



INDIANA UNIVERSITY
SOUTHEAST

OFFICE OF FINANCIAL AID

**DEPENDENT STUDENT
HOUSEHOLD & NUMBER IN COLLEGE FORM
2018-2019 FAFSA VERIFICATION**

Please complete, print, sign, and submit to campus address listed at the bottom of this form

Student Name _____ University ID Number _____
(Please Print) Last First Middle

Dependent Student Family Information: List below the people in your parent(s)' household. Include:

- Yourself and your parent(s), including a step-parent, even if you do not live with your parent(s).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 201-2019. Include children who meet these standards, 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, 2019. **Please Note:** This does not include foster children who may reside in the household.
- Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019.

Full Name of Household Member	Age	Relationship to Student	Name of College	Enrolled at Least Half-Time (Yes/No)
		Student	Indiana University	

Certification and Signatures: Each person signing this form certifies all of the information reported is complete and correct. The student and one parent must sign and date the form. **Warning:** If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Student Signature _____ Date _____

Parent Signature _____ Date _____