



INDIANA UNIVERSITY  
SOUTHEAST

OFFICE OF FINANCIAL AID

**INDEPENDENT STUDENT  
HOUSEHOLD & NUMBER IN COLLEGE FORM  
2019-2020 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

**Independent Student Family Information:** List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet 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, 2020. **Please Note:** This does not include foster children who may reside in the household.
- 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 any time between July 1, 2019 and June 30, 2020.

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

**Certification and Signatures:** I certify that all of the information reported is complete and correct. The student 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 \_\_\_\_\_