



STUDENT NAME _____

CHAPMAN ID _____

HOUSEHOLD INFORMATION

In the table below, list the name, age and relationship of people in your household that you will support between July 1, 2009 and June 30, 2010.

- 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, 2009 and June 30, 2010 (support includes money, gifts, loans, housing, food, clothes, medical and dental care, payment of college costs, etc).

NAME	AGE	RELATIONSHIP (spouse, child, etc..)	COLLEGE ATTENDING	YOU PROVIDE MORE THAN HALF OF THEIR SUPPORT?
		Self	Chapman University	
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I also realize that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

STUDENT'S SIGNATURE _____

DATE _____