



STUDENT NAME \_\_\_\_\_

CHAPMAN ID \_\_\_\_\_

**HOUSEHOLD INFORMATION**

In the table below, list the name, age and relationship of people in your parent's household that they will support between July 1, 2008 and June 30, 2009.

- Include your parent(s) (including stepparent) even if you don't live with your parents.
- Include your parent's other children even if they don't live with your parent(s) if:
  - they get more than half their support from your parent(s) **OR**
  - they are in college and required to provide parent income on the FAFSA.
- Include other people **ONLY** if:
  - they now live with your parent(s) **AND**
  - they now get more than half their support from your parent(s) **AND**
  - they will continue to get this support between July 1, 2008 and June 30, 2009 (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	PARENT(S) 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 \_\_\_\_\_