

Student Name: _____ **Valpo ID #:** _____

Household Information

Report below information for everyone in your household who will reside there from July 1, 2025 to June 30, 2026:

- Yourself (full name and age)
- If applicable, your spouse if married
- If applicable, include your parent(s) you were required to use on your Free Application for Federal Student Aid (FAFSA).
 - If your parents are divorced or separated, use the parent who provided more of your financial support, even if you do not live with them. If both parents provided an exact equal amount of financial support during the past 12 months, use the parent with the greater income and assets. If this parent is remarried as of today, include step-parent information.
- Include siblings or any dependent children who are away at college during this time and/or who you/spouse/parent(s) are providing more than 50% of their support.
- Include others who reside in the household for whom you/spouse/parent(s) are providing more than 50% of their support. **(Do not include children for whom a parent is paying child support.)**

Full Name	Age	Relationship	
		<input type="checkbox"/> Self	
		<input type="checkbox"/> Student Spouse (if married) <input type="checkbox"/> Student's Child <input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sibling	
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	

I certify all the information reported is complete and correct. The student must sign and at least one parent must also sign if parent information was required on the FAFSA. A handwritten signature, not typed, is required.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____