

Student's Name: _____ Student's ID Number: _____

Haskell Indian Nations University
Financial Aid Office
155 Indian Avenue, Box 5027
Lawrence, KS 66046

Phone: (785) 749-8468
Fax: (785) 832-6617

Number of Household Members and Number in College (Independent Student)

Number of Household Members: List below the people in the student's household. Include the following if in the household:

- The student
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2016.

Number in College: Please include in the space below information about any household member who is, or 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, 2015 and June 30, 2016, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship to Student	College Household Member is Attending	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Date

Student's Signature

Date

Spouse Signature (Optional)

Date