

HOUSEHOLD INFORMATION CLARIFICATION WORKSHEET

2016-2017 (F17HVP/S)

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> GRAD ELLER <input type="checkbox"/> UA Online Campus			

Complete this form and submit it to the Office of Scholarships and Financial Aid as soon as possible. The financial aid office cannot further process your financial aid without this information.

Dependent Student*

*A student is considered dependent if he/she was required to provide parental information on the FAFSA

Independent Student**

**A student is considered independent if he/she was not required to provide parental information on the FAFSA

FAMILY INFORMATION (Write the names of all household members in the chart on page 2)

DEPENDENT STUDENTS: List the people in your parent's household including:	INDEPENDENT STUDENTS: List the people in your household including:
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- Yourself,
- Your parents (including a stepparent) even if you do not live with your parents (include same sex parents that are married as recognized by State or foreign country),
- Your parents' other children if your parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.
- For any household members, excluding your parents, who 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, 2016, and June 30, 2017, include the name of the college.

Note: Do not include roommates.

- Yourself,
- Your spouse, if you are married, as well as same sex spouses as recognized by State or foreign country,
- Your children or spouse's children if you and/or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you or you and your 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, 2017.
- For any household members who 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, 2016, and June 30, 2017, include the name of the college.

Note: Do not include roommates.



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 P.O. Box 210066, Tucson, AZ 85721-0066
 TEL: 520.621.1858 • FAX: 520.621.9473
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Full Name of Each Household Member	Year of Birth	Relationship	College (if applicable)	Enrolled Half Time (Y/N)
		Self	University of Arizona	

CERTIFICATION: By signing this worksheet, I certify that all the information reported is complete and correct.			
Student signature	Date	Parent signature (if dependent)	Date



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