

Financial Aid Services

P.O. Box 6000, Binghamton, NY 13902-6000
(607) 777-2428 FAX: (607) 777-6897
Student Services Wing-Room 109

<http://bingfa.binghamton.edu>

Number Reported in Household - Independent

Print Student's Name _____

Student's Date of Birth _____

Banner ID _____

List below the family members for whom you did or will provide **at least half support** for the period **7/1/09 through 6/30/10**. Be sure to include the full name, age, and relationship for all those listed.

- List yourself. Example:

Name	Date of Birth	Age	Relationship	College
John Doe	1-21-89	18	self	Binghamton Univ.

- If married, list your spouse. (If you are separated, do not list your spouse.)

- List your children – if they get more than half support from you.

- List other people only if they meet **all three** of the following conditions:
 1. they lived with you at the time your 2009-10 Free Application for Federal Student Aid (FAFSA) was filed; **AND**
 2. they received at least half of their support from you at that time; **AND**
 3. they continue to receive at least half of their support from you from 7/1/09 through 6/30/10.

NOTE: If any household members are currently studying at least half time in degree programs at a college or proprietary school, list the name, date of birth, age, relationship, and the name of the college they are attending.

Name	Date of Birth	Age	Relationship to Student	Name of College

Attach additional sheet if necessary.

I certify that the information provided on this form is true and correct to the best of my/our knowledge. I understand that if information differs from the FAFSA, it may result in a change in eligibility for federal funds.

Student Signature _____ Date _____