Print Student's Name: __

Phone: 607-777-2428 Fax: 607-777-6897 Email: finaid@binghamton.edu www.bingfa.binghamton.edu

Number in Household and College

Independent

Student's Date of Birth:		
B-Number:		
FAMILY SIZE & # IN COLLEGE:		
 Yourself; Your spouse, if you are married; You or your spouse's children, if you or your 1, 2024, through June 30, 2025, even if a child of the Other people if they now live with you, and you and will continue to provide more than half of the Be sure to indicate if each household member li 1, 2024 and June 30, 2025 enrolled in a degree, 	spouse will providoes not live wit u or your spouse to person's suppersed below will diploma, or cell UNLESS YOU	vide more than half of the children's support from Jul h you. e provide more than half of the other person's support port through June 30, 2025. be attending a college at least half time between Jul rtificate program. PROVIDE MORE THAN 50% OF THEIR FINANCIA
and June 30, 2025 enrolled in a degree, diploma, or cert		
Full Name Example: Ima Student	Age	Relationship self
certify that the information provided on this form is true information differs from the FAFSA, it may result in a chast		

Code: SHHIND Revised 12/26/2023