Financial Aid and Student Records Admissions Center, Room 112 PO Box 6000 Binghamton, New York 13902-6000

Phone: 607-777-2428 Fax: 607-777-6897 Email: finaid@binghamton.edu binghamton.edu/financial-aid

Number in Household Form

Dependent

STUDENT INFORMATION	STUD	ENT	INF	ORM	10ITA	V
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STUDENT INFORMATION					
Print Student's Name:					
B-Number:					
FAMILY SIZE & # IN COLLEGE:					
In the chart below, write in the name, age, and relationsupport from July 1, 2025 through June 30, 2026. A leteral of the second	egal parent I living togo , but live to divorced, o	is a biologi ether, list b gether, lis r widowed	cal, adoptive, and/or Stepparent. both parents below. t both parents below. I, list your custodial parent below.		
Full Name	Age	Relationship			
			Parent 1		
		Pa	arent 2 or Stepparent (read instructions above)		
 academic year. Other persons if the following are true: They live with the student's parents; They receive more than half of their s 	or live apart support from an half their support from	because on the student support from the student	of college enrollment); nt's parents; and om the student's parents during the 2025-26		
Full Name		Age	Relationship		
Example. Ima Student		18	<pl.f< th=""></pl.f<>		

self

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge. Handwritten signatures are required.

Student Signature: _	Date:
_	
Parent Signature: _	Date: