Print Student's Name: _____

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

Code: SHHIND Revised 10/4/2024

Number in Household Form

Independent

Student's Date of Birth:		
B-Number:		
In the chart below write in the name, age, and relation	ship of all the people in	the household, be sure to include:
 year. Other persons if the following are true: They live with you/your spouse; They receive more than half of their s 	e apart because of colle upport from you/your sp an half their support from upport from you/your sp an half their support from	pouse; and n you/your spouse during the 2025-26 academic pouse; and n you/your spouse during the 2025-26 academic
Full Name	Age	Relationship
By signing this form, you certify that all of the info	prmation you provided	I is true and complete to the best of your
knowledge. Student Signature:		Date:
(handwritten si	gnature required)	