



This information is required to process your application for financial aid for Fall/Winter 2016-2017. Complete this form and return it to the address above so your application can be processed. If you are requested to submit this form and you fail to do so, you may jeopardize your eligibility for financial aid.

— Be sure to read page 2 for important reporting information. —

Student's Name: Last First M.I. UMID Number (8 digits) Email Address

Section A - Household Information (if household includes more than six family members, continue list on reverse):

If you are:

- **A Dependent Student (or a Pharmacy or Dental Student Applying for a Health Professions Loan):** Complete the information below according to the number of people in **your parents' household** in 2016-2017, as reported on the Free Application for Federal Student Aid (FAFSA). See "Note to Dependent Students" on page 2 before completing this form.
- **An Independent Student:** Complete the information below according to the number of people in **your household** for 2016-2017, as reported on the Free Application for Federal Student Aid (FAFSA). See "Note to Independent Students" on page 2 before completing this form.

Full names of ALL family members (including parents) receiving at least 50% of support from your parents (or you, if you are independent):	Age:	Relationship to student:	Will he/she be enrolled in a degree program at a college/university at least half-time in 2016-2017?*	If enrolled in college/university, what type of program?			Name of college/university:
				Under-graduate	Graduate	Medical/ Law/ Dental	
See page 2 for information on whom to list (include U-M student)							
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Total number in household _____ (see back)

*If you have parents attending college or if you have siblings in high school who are taking classes at a college/university, **do not** list them as enrolled in college for the purposes of this form.

Section B - Certification and Authorization:

Do **NOT** submit this form without **ALL** required signatures.

By signing this form, we certify that all the information reported is complete and correct. (Note: At least one parent must sign for dependent undergraduate students.)

STUDENT'S SIGNATURE _____ DATE _____ PARENT 1 or STEPPARENT SIGNATURE _____ DATE _____
STUDENT'S SPOUSE'S SIGNATURE _____ DATE _____ PARENT 2 or STEPPARENT SIGNATURE _____ DATE _____

Note to Dependent Students:

To determine who is considered a parent for purposes of this form (*note that grandparents, foster parents, and legal guardians are not considered parents on this form unless they have legally adopted you*):

- If your legal parents are both living and married to each other, include them both in the household listing and base this questionnaire on their household.
- If your parents are living together and are not married, include them both in the household listing and base this questionnaire on their household.
- If your parent is widowed or single, include this parent in the household listing and base this questionnaire on his/her household. If your widowed parent is remarried as of the day you completed the FAFSA, include the parent **and** the person whom your parent married (your stepparent).
- If your parents have divorced or separated, only include in the household listing the parent you lived with more during the past 12 months and base this questionnaire on his/her household. (If you did not live with one parent more than the other, only include the parent who provided more financial support to you during the last 12 months, or during the most recent year that you actually received support from a parent, and base this questionnaire on his/her household.) If this parent has remarried as of the day you completed the FAFSA, include that parent **and** the person whom your parent married (your stepparent).

Whom to include from your parents' household (in Section A of this form):

- yourself and your parents (including your stepparent; see above), even if you do not live with your parents; and
- your parents' other children, even if they don't live with your parents, if:
 - (a) your parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or
 - (b) the children would be required to provide parental information when applying for federal student financial aid; and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.

Note to Independent Students:

Whom to include in your household (in Section A of this form):

- yourself and, if you are married, your spouse; and
- your children, if you will provide more than half of their support from July 1, 2016, through June 30, 2017 (also include any unborn children who will be born between July 1, 2016, and June 30, 2017); and
- other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.

If you are listing a dependent not included as an exemption on your federal tax return, please explain below.

Comments (if necessary):