



HOUSEHOLD INFORMATION QUESTIONNAIRE 2020–2021

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

SECTION A: HOUSEHOLD INFORMATION

If you are:

- A Dependent Student (or a Pharmacy Student Applying for a Health Professions Loan):**

Complete the information below according to the number of people in **your parents' household** in 2020–2021, as reported on the Free Application for Federal Student Aid (FAFSA). See *Note to Dependent Students* on page 2 before completing this form.

Be sure to read page 2 for important reporting information.

If you are:

- An Independent Student:**

Complete the information below according to the number of people **in your household** for 2020–2021, as reported on the Free Application for Federal Student Aid (FAFSA). See *Note to Independent Students* on page 2 before completing this form.

Be sure to read page 2 for important reporting information.

| 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: (ex: parent, sibling) | Will he/she be enrolled in a degree program at a college/university at least half-time in 2020–2021?* | 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 | | | | | | | |
| (Student) | | Self | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | University of Michigan |
| | | | <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"/> | |
| | | | <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 _____ (list additional members on page 2)

*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 _____

