



HOUSEHOLD INFORMATION QUESTIONNAIRE 2024–2025

Student's name: Last

First

M.I.

U-M ID number (eight digits)

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 2024-2025, 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 2024-2025, 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): See page 2 for information on whom to list	Age:	Relationship to student: (ex: parent, sibling)	Will they be enrolled in a degree program at a college/university at least half-time in 2024-2025?*	If enrolled in college/university, what type of program?	Name of college/university:
(Student)		Self	Yes No	Undergraduate Medical/Law/Dental Graduate	University of Michigan
			Yes No	Undergraduate Medical/Law/Dental Graduate	
			Yes No	Undergraduate Medical/Law/Dental Graduate	
			Yes No	Undergraduate Medical/Law/Dental Graduate	
			Yes No	Undergraduate Medical/Law/Dental Graduate	
			Yes No	Undergraduate Medical/Law/Dental Graduate	

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 (handwritten signature is required)

Date

Dependent student's parent 1/stepparent signature (handwritten signature is required)

Date

Dependent student's parent 2/stepparent signature (handwritten signature is required)

Date

Independent student's spouse's signature (handwritten signature is required)

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 who provides the greater portion of financial support, even if you don't primarily live with them, and base this questionnaire on his/her household.
 - If both of your parents provide an exactly equal amount of financial support or if they don't support you financially and you had to include their information on the FAFSA, base this questionnaire on the parent with the greater income and assets.
 - 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, 2024, through June 30, 2025, 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, 2024, through June 30, 2025.

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, 2024, through June 30, 2025 (also include any unborn children who will be born between July 1, 2024, and June 30, 2025)
- 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, 2024, through June 30, 2025.

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

COMMENTS (IF NECESSARY)
