

**HOUSEHOLD INFORMATION**  
**INDEPENDENT STUDENT**  
**2010-2011**

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

List below the people in your household. Be sure to include the following:

- yourself (and your spouse, if you are married)
- your children, if you will provide more than half of their support from July 1, 2010 through June 30, 2011
- other people if they now live with you, you provide more than half of their support, and will continue to provide more than half of their support from July 1, 2010, through June 30, 2011

**Write the names of all household members.** Also write in the name of the college for any household member who will be attending college at least half time between July 1, 2010 and June 30, 2011, who will be enrolled in a degree or certificate program.

Full Name	Relationship to Student	Age	Name of College in 2010-2011
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR STUDENT FINANCIAL AID IS TRUE AND ACCURATE. I UNDERSTAND THAT IF THIS FORM IS INCOMPLETE, MY FINANCIAL AID WILL BE DELAYED.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office of Admissions and Financial Aid 3201 Burton St SE Grand Rapids, MI 49546  
616-526-6134 800-688-0122 Fax 616-526-6883 finaid@calvin.edu*