



2018-2019 PARENT  
HOUSEHOLD INFORMATION

Student Name: _____	Student ID or SSN: _____
Parent Name: _____	

**Student:** list the people in your **parents' household**.

**List yourself below:**

FULL NAME	BIRTHDATE	NAME OF COLLEGE
		Univ. of Wisconsin Colleges

**List your parents below:**

whose information you were *required to provide on the 2018-2019 Free Application for Federal Student Aid or FAFSA*, even if you do not live with your parents. **If your legal parents live in the same household**, include both parents even if they are divorced, separated, or were never married. **If your parents are divorced or separated and living separately:** list only the parent with whom you lived the most during the 12 months preceding the date you completed the FAFSA; **or if** you didn't live with one parent more than the other, list the parent who provided more financial support during the 12 months preceding the date you completed the FAFSA or during the most recent year you actually received support from a parent. **If the parent listed has remarried, you must include your stepparent.**

	FULL NAME	BIRTHDATE	RELATIONSHIP TO STUDENT
PARENT 1			
PARENT 2			

**Read carefully and list below:**

1. **Your parents' other children** even if they do not live with your parents, **only if** (a) your parents will provide more than half of the children's support from July 1, 2018 through June 30, 2019 or (b) the children would be required to provide parental information if completing a 2018-2019 FAFSA.
2. **Other people only 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 between July 1, 2018 and June 30, 2019.
3. Write the *names, birthdates, and relationship to student* of these individuals. Also indicate which ones will attend, at least half time between July 1, 2018 and June 30, 2019, a program that leads to a college degree or certificate – write the *name of the college*. Do not include siblings who are at U.S. military service academies. Attach separate page, if needed.

FULL NAME	BIRTHDATE	RELATIONSHIP	NAME OF COLLEGE
<i>Example: Janet Jones</i>	<i>2/25/1997</i>	<i>Sister</i>	<i>Central University</i>

**We certify all information reported for the student to qualify for federal student aid is complete and correct.**

\_\_\_\_\_  
Student Signature (handwritten, not typed)      Date      Parent Signature (handwritten, not typed)      Date

**Submit form to:** UW Colleges Student Financial Aid Office  
780 Regent St, Suite 130  
Madison, WI 53715-2635  
or Fax (608) 265-9750

**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.