



Student Financial Aid

 2018-2019 STUDENT
 HOUSEHOLD INFORMATION

Student Name: _____	Student ID or SSN: _____
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Student: list the people in your household.

List yourself below:

FULL NAME	BIRTHDATE	NAME OF COLLEGE
		Univ. of Wisconsin Colleges

List your spouse below:

exclude your spouse only if she/he is not living in the household as a result of death, separation, or divorce. Write the *name of the college* if your spouse will attend, at least half time between July 1, 2018 and June 30, 2019, a program that leads to a college degree or certificate. Do not include a student who is at a U.S. military service academy.

FULL NAME	BIRTHDATE	RELATIONSHIP	NAME OF COLLEGE
		Spouse	

Read carefully and list below:

1. **Your or spouse's children** even if they do not live with you, **only if** you or spouse will provide more than half of their support from July 1, 2018 through June 30, 2019.
2. **Other people only if** they now live with you and you or spouse provides more than half of their support, and will continue to provide more than half of their support from July 1, 2018 through 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 students who are at U.S. military service academies. Attach separate page, if needed.

FULL NAME	BIRTHDATE	RELATIONSHIP	NAME OF COLLEGE
<i>Example: Susan Jones</i>	<i>8/15/1997</i>	<i>Daughter</i>	<i>Central University</i>

I certify that all information reported to qualify for federal student aid is complete and correct.

 Student Signature (handwritten, not typed)

 Date

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

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