



<b>For Office Use Only:</b>	
<b>Checklist Item:</b>	<b>9IHI18</b>
<b>COMMKEY</b>	<b>9IHI</b>

### Independent Household Information Form 2017-2018

Your FAFSA was selected for verification. The information on this form is required to process your application for financial aid for the 2017-2018 academic year. To allow time for processing, return the completed and signed form before the following deadlines:

Summer 2017- August 5,2017	Fall 2017- December 6,2017	Spring 2018- May 2,2018
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Federal Financial Aid Awards will not be processed and/or disbursed until all required verification documents are reviewed and completed. All documents submitted after the deadline may jeopardize eligibility for Federal Financial Aid, and will only be reviewed for Pell Grant eligibility. Federal Direct Loans cannot be certified or processed after the deadline dates.

#### 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, 2017, through June 30, 2018 (also include any unborn children who will be born between July 1, 2017, and June 30, 2018); 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, 2017, through June 30, 2018.

Student's Name: Last	First	M.I.	Stony Brook ID#
Address: (number, street, city, state, zip)			Student's phone number

#### Section A – Household Information (if more space is needed, continue list on a separate sheet):

Complete the information below according to the number of people in your household for 2017-2018.

Full Names of All family members <b>receiving at least 50% of support</b> from you <b>See instructions above for information on whom to list (begin with student)</b>	Age:	Relationship to Student:	Will family member be enrolled in a degree program at a college/university at least ½ time in 2017/2018?	Name of College/University
		<b>Self/Student</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Stony Brook University</b>
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	

If you listed a dependent not included as an exemption on your federal tax return, please explain: \_\_\_\_\_

**Section B – Certification and Authorization:** Do NOT submit this form without the required signature. By signing this form, I certify that all the information reported is complete and correct.

\_\_\_\_\_

<b>Student's Signature (Required)</b>	<b>Date</b>
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**Print and sign this form before submitting, electronic signatures are not acceptable**

**For secure and faster processing, submit this form via the 'Upload Process' located on your SOLAR To Do List**

Or

Mail or fax all documents to the appropriate financial aid department listed below

School of Nursing, Social Welfare, Health Technology and Management  
 Health Sciences Office of Student Services  
 Health Sciences Tower Level 2, Room 271  
 Stony Brook, NY 11794-8276  
 phone 631-444-2111 fax 631-444-6035  
 hscstudentservices@stonybrook.edu

All Other Students  
 Office of Financial Aid and Scholarship Services  
 Room 180 Administration Building  
 Stony Brook, NY 11794-0851  
 phone 631-632-6840 fax 631-632-9525  
 finaid@stonybrook.edu