



<b>For Office Use Only:</b>	
<b>Checklist Item:</b>	<b>9DHI18</b>
<b>COMMKEY</b>	<b>9DHI</b>

**Dependent Household Information Form 2017-2018**

Instructions for completing form:

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 date.

**Who is considered a parent for purposes of this form?**

Grandparents, foster parents, and legal guardians are **NOT** considered parents on this form unless they have legally adopted you.

- Your legal parents include biological, adoptive, or as determined by the state [for example, if the parent is listed on the birth certificate].
- If your legal parents are married to each other, include them both in the household section and base this form on their household.
- If your legal parents are not married (including legally divorced or separated), but are living together, include them both in the household section and base this form on their household.
- If your parent is widowed or single, include this parent in the household section and base this form 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, and do not live together, only include in the household section the parent you lived with more during the past 12 months and base this form on his/her household. (If you did not live with one parent more than the other, only include the parent who provided more financial support to you during the last 12 months, or during the most recent year that you actually received support from a parent, and base this form on his/her household.) 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:
  1. your parents will provide more than half of their support from July 1, 2017, through June 30, 2018, or
  2. 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, 2017, through June 30, 2018.

**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	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
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**Dependent Household Information Form 2017-2018**

**Au Yeung**                      **Andrew C.K.**                      **109900241**  
 Student's Name: Last                      First                      M.I.                      Stony Brook ID#  
**1823 West 12 Street Brooklyn, NY 11223**                      **6462500138**  
 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 parents' household in 2017-2018.

Full Names of All family members (including parents) receiving at least 50% of support from your parents	Age:	Relationship to Student:	Will family member be enrolled in a degree program at a college/university at least 1/2 time in 2017/2018?	Name of College/University
<b>See instructions on page 1 for information on whom to list (begin with student)</b>				
<b>Andrew Au Yeung</b>	<b>20</b>	<b>Self/Student</b>	<input checked="" 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	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	

\*If you are listing a dependent not included as an exemption on your parents' federal tax return, please explain:

Did your parents provide support greater than 50% for the household member listed on this form? YES  NO

**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: Student and at least one parent must sign).

05/05/2017                      HW [Signature] 5/5/2017

Student's Signature                      Date                      Parent's Signature                      Date

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