

Student # \_\_\_\_\_



**EASTERN MICHIGAN UNIVERSITY**  
**OFFICE OF FINANCIAL AID**  
403 Pierce Hall, Ypsilanti, MI 48197

**2007 – 2008 Household Data Form**  
**Dependent Students**

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Name \_\_\_\_\_

**As part of the Quality Assurance Verification process, please complete and submit this form regarding the members of your parent(s) household:**

List the family members in your parent(s)' household. Include:

- Yourself and the parent(s), even if you don't live with your parents. Include your **stepparent** if your parent has remarried **and was married when you completed your FAFSA**.
- Your parent(s) **dependent children** if your parents will provide more than half of their support from 7/1/07 – 6/30/08.
- Other people only if they live with your parent(s) and receive more than half of their support from your parents.
- Attach a separate page if you need more space.

| FULL NAME     | AGE | RELATIONSHIP TO YOU | NAME OF COLLEGE*            |
|---------------|-----|---------------------|-----------------------------|
| 1. Your name: |     | Self                | Eastern Michigan University |
| 2.            |     |                     |                             |
| 3.            |     |                     |                             |
| 4.            |     |                     |                             |
| 5.            |     |                     |                             |
| 6.            |     |                     |                             |

\*Provide the name of the college if the person listed will attend, **at least half time** (6 credit hours or more) between 7/1/07 and 6/30/08, a program that leads to a college degree or certificate.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date