### Independent Student—Household Information
(For students who are Independent according to Step Three of the FAFSA)

- □ I am Single.
- □ I am Married/Remarried
  - Spouse’s name ____________________________ Date of marriage ____________ (if applicable)
- □ I am Separated.
- □ I am Divorced/Widowed
  - Is your spouse enrolled in college at least half-time? □ Yes □ No

Complete the information below for your children or other persons who will be living with you between July 1, 2014 and June 30, 2015 if you will be providing more than 50% of their support during that time. Children who are away at school should be included. (Do not include children for whom you or your partner are paying child support.)

<table>
<thead>
<tr>
<th>Full Name—relationship to you</th>
<th>Birth Date (month/year)</th>
<th>High School graduation year</th>
<th>College Name</th>
<th>Undergraduate degree-seeking (Y/N)</th>
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If enrolled at least half-time in college for 2014-2015

Student Signature: ___________________________ Date: ___________________________

### Section A: Parent Information for Dependent Student

#### Marital status:
- □ Never Married (Single).
- □ Parents are Married; answer questions below for both.
- □ Parents are Remarried; answer question below for both your custodial parent and step-parent.
- □ Parents are legally Separated. Custodial parent* is not remarried; please answer question below for your custodial parent only.
- □ Parents are Divorced and Custodial parent* is not remarried; please answer question below for your custodial parent only.
- □ Parent is Widowed and not Remarried.

*The custodial parent is the parent you have lived with the most during the 12 months prior to filing the FAFSA. If you lived equally with both parents, then the parent who provided more financial support should be listed as Parent 1.

#### Parent 1 / Step-Parent Information
- Full name ____________________________ E-mail ____________________________ Date of Birth ____________ SSN ____________ Day time or cell phone number ____________________________ (SSN needed if omitted from the FAFSA)
- □ Check if this parent is enrolled in school. This cannot be reflected on the FAFSA, but can be considered as a Special Circumstance. Please contact the Office of Financial Aid for the appropriate form.

#### Parent 2 / Step-Parent Information
- Full name ____________________________ E-mail ____________________________ Date of Birth ____________ SSN ____________ Day time or cell phone number ____________________________ (SSN needed if omitted from the FAFSA)
- □ Check if this parent is enrolled in school. This cannot be reflected on the FAFSA, but can be considered as a Special Circumstance. Please contact the Office of Financial Aid for the appropriate form.
Section B: Household Information
Complete the information below for your siblings or all other persons who will be living with your parents between July 1, 2014 and June 30, 2015 if your parents will be providing more than 50% of their support during that time. Be sure to also include those who are dependents of your parents and living away at school. (Do not include children for whom your parent or step-parent is paying child support.)

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<th>(You do not need to list yourself or your parents)</th>
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<th>Undergraduate degree-seeking (Yes / No)</th>
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Section C: Non-Custodial Parent and Household Information
If your parents are divorced or separated, please complete non-custodial parent information below. If that parent is remarried, please provide step-parent information.

Non-custodial parent
Full name ____________________________ Date of Birth ____________________________
E-mail ____________________________ Day time or cell phone number ____________________________

Non-custodial step-parent information
Full name ____________________________ Date of Birth ____________________________

Please list information for children that live with your non-custodial parent.

☐ Check here if your custodial parent or step-parent pays child support for any of these children.

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Section D: Certification and Signatures
Each person signing this worksheet certifies that all the information reported on it is complete and correct.

Student Signature ____________________________ Date ____________________________

Parent Signature ____________________________ Date ____________________________
(Required for dependent students)

Please return completed forms to:
Office of Financial Aid
Kretzmann Hall—Valparaiso University
1700 Chapel Drive
Valparaiso IN 46383
Fax: 219-464-5012 Email: finaid@valpo.edu