



## 2023-2024 HOUSEHOLD INFORMATION FORM

STUDENT NAME

LAWRENCE ID OR D.O.B

### Read the instructions on this form carefully.

Failure to complete this form accurately may delay the processing of your financial aid.

### A. STUDENT'S FAMILY INFORMATION

**Verify the number of people reported on your FAFSA.** If more space is needed, attach a separate page.

**1) List your Parent(s) reported on the 2023-2024 FAFSA.** If your biological/adoptive parents are not married, your **Custodial Parent** for Federal Student Aid purposes is the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, the parent who provided more financial support during the last 12 months is your Custodial Parent. If your Custodial Parent is remarried, include your step-parent.

NAME	AGE	RELATION TO STUDENT

**2) Who else is included on your FAFSA?** List your **Sibling(s)** and **Others**.

List your sibling(s) who meet either of the following, even if they do not live with the parent(s) listed above:

- If your sibling/step-sibling will receive more than half of his/her support between July 1, 2023 and June 30, 2024 from your parent(s) listed above, or
- If your sibling/step-sibling is required to provide parent data when completing the 2023-2024 FAFSA.

List **Others** if they live with your parent(s) listed above and will receive more than half of their financial support between July 1, 2023 and June 30, 2024 from your parent(s) listed above.

NAME	AGE	RELATION TO STUDENT

**3) Will any of the people listed above for #2 be enrolled in college for the 2023-2024 academic year (7/1/2023-6/30/2024)?**  No  Yes – Complete the section below.

NAME OF PERSON	NAME OF COLLEGE	ENROLLED AT LEAST ½ TIME?

## B. CERTIFICATION AND SIGNATURES

By signing this form, we certify that all information on this application is complete and correct.  
**Both student and parent handwritten signatures are required.**

Please reach out to our office if you are not able to provide a handwritten signature. We will provide details on an alternative way to sign this form.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**Return completed form to the Lawrence University Financial Aid Office.**

Secure Upload	Email	Fax	Mail
lawrence.leapfile.net	financial.aid@lawrence.edu	(920) 832-6582	Financial Aid Office Lawrence University 711 E Boldt Way Appleton, WI 54911