



Student Name (Last, First)	myZou Student ID Number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

## 2009-2010 Household Information Questionnaire - D

The information requested on this form is needed to process your application for financial aid for the 2009-2010 academic year. Complete this form and return it to the address above.

**STUDENT AND A PARENT MUST SIGN THIS FORM.**

**Section A – Student Information** Enter your name and student number at the top of the page.

**Section B – Parent Information** Complete the following information about your parent(s) you reported on the FAFSA. **Do not include a deceased parent or a parent no longer living in the household due to separation or divorce.**

Name of Father/Step-father on the FAFSA \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name of Mother/Step-mother on the FAFSA \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

### Section C – Additional Family and/or Household Members

Please list the following:

- Your siblings, if the parent(s) listed in section B will provide more than half of their support from July 1, 2009 through June 30, 2010, even if they do not live with your parents.
- Other people if they live with the parent(s) in section B, and your parent(s) will continue to provide more than half of their support from July 1, 2009 through June 30, 2010

Please fill out their information in the boxes below. **If applicable, write in the name of the college, degree program, and number of hours of enrollment if the person is attending at least half time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certification program. Please do not leave any blanks if the previous sentence applies. We will verify college enrollment after the start of the semester.**

Full name of family member	Date of birth	Relation to student	Name of College City, State	Degree program	# of hrs planned to enroll

If you need additional space, please write on the back of this form.

### Section D – Certification and Authorization

By signing this form, we certify that all information reported is complete and correct. If asked by an authorized official, we agree to give proof of the information given on this form.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date