Student Financial Aid
University of Missouri-Columbia

11 Jesse Hall
Columbia, MO 65211-1600
PHONE (573) 882-7506
FAX (573) 884-5335
WEBSITE: http://sfa.missouri.edu

Student Name (Last, First)	myZou Student ID Number

2009-2010 Household Information Questionnaire - I

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 SPOUSE MUST SIGN THIS FORM.

Section A – Student Information

Enter your name and student number at the top of the page.

Section B – Other Members of Your Household

To determine your household include:

- Your spouse, IF you are married (even if you were not married in 2008).
- Your children, IF you provide more than half of their support (money, gifts, loans, housing, food, clothes, car, medical/dental care, etc.) from July 1, 2009 through June 30, 2010.
- Other people, IF they now live with you, you provide more than half of their support and will continue to do so from July 1, 2008 through June 30, 2009.

For those members of your household who will also attend college at least half-time while seeking a degree during the 2009-2010 academic year, indicate the college, degree program and enrollment. ***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

Please use reverse side to list additional family members.

Section C – Certification and Authorization

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

Student signature _____ Date _____

Spouse signature _____ Date _____

REV 1/09