

Please complete all sections using **BLACK INK**.

\_\_\_\_\_  
 Student's Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 M. I.

\_\_\_\_\_  
 APU ID Number

**Why are you being asked to complete this form?** On the FAFSA, you (the parent) reported the number of people who live with and are financially supported by you. The government requires APU to confirm this information to complete your student's application for financial aid.

**Who should be listed below:**

- The student.
- The parents who live in the home – include stepparent that lives in the home.
- Anyone else who lives in the home, and will receive more than half of their financial support from you (the parent) from July 1, 2017 – June 30, 2018.
- Include relationship to student and age.

Family Member's Name	Relationship to Student	Age
1.	Student	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

*By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
**Student Signature (Required)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature (Required)**

\_\_\_\_\_  
**Date**