BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Office of Financial Aid
Admissions Center, Room 112
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binghamton.edu/financial-aid

Number in Household Form

Independent

Print Student's Name: _____

Student's Date of Birth: _____

B-Number: _____

In the chart below write in the name, age, and relationship of all the people in the household, be sure to include:

- **Yourself;**
- **Your spouse**, if you are married;
- **You or your spouse's children**, if all of the following are true:
  - They live with you/your spouse (or live apart because of college enrollment);
  - They receive more than half of their support from you/your spouse; and
  - They will continue to receive more than half their support from you/your spouse during the 2026-27 academic year.
- **Other persons if the following are true:**
  - They live with you/your spouse;
  - They receive more than half of their support from you/your spouse; and
  - They will continue to receive more than half their support from you/your spouse during the 2026-27 academic year.

DO NOT LIST YOUR PARENTS OR SIBLINGS UNLESS YOU PROVIDE MORE THAN 50% OF THEIR FINANCIAL SUPPORT.

Full Name	Age	Relationship
Example: Ima Student	18	self

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge.

Student Signature: _____ **Date:** _____
(handwritten signature required)