

## 2023-2024 DEPENDENT CONSIDERATION IN HOUSEHOLD

### INSTRUCTIONS:

Upon review, the inclusion of one of you/your parent's\*\* dependents as part of your household may or may not be considered. Fill out this form only if you indicated on the Verification Worksheet that you and/or your parent(s) are providing at least half support for this person.

### A. STUDENT INFORMATION

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

SSN (last four): XXX-XX-\_\_\_\_\_

Phone Number: \_\_\_\_\_

### B. ADDITIONAL DEPENDENT(S)

Dependent's Name \_\_\_\_\_

Relationship to you/your parent(s) \_\_\_\_\_

1. Reason that this person lives with you/your parent(s)\*\* and why you/your parent(s)\*\* are supporting them:

\_\_\_\_\_

2. Does this person have any income? \_\_\_\_ Yes \_\_\_\_ No

Type of Income	Amount
Wages	\$
Social Security	\$
Retirement	\$
TANF Benefits	\$
Disability	\$
Other	\$

3. Did this person file a **2021** Federal Income Tax Return? \_\_\_\_ Yes No \_\_\_\_  
(If Yes, attach a copy of their IRS Tax Return Transcript)

4. Type of support you and/or your parent(s)\*\* provide for this person:

Type of Support	Amount
Rent	\$
Car Insurance	\$
Car Payment	\$
Utilities	\$
Clothing	\$
Food	\$

Student \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Parent \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature\*\*

\_\_\_\_\_  
Date

\*\*Parent information is required for dependent students only. Independent students should only report their own information.