



UNIVERSITY OF ALASKA FAIRBANKS
 FINANCIAL AID OFFICE
 107 EIELSON BUILDING, PO BOX 756360
 FAIRBANKS, AK 99775-6360
 (907) 474-7256 or 1-888-474-7256
 Fax Number: (907) 474-7065
 uaf-financialaid@alaska.edu

FA VF
 18-19

2018-2019 HOUSEHOLD DEPENDENTS WORKSHEET

_____	_____
Name	Student ID
_____	_____
Email	Phone

On your 2018-2019 FAFSA you indicated that you have dependents other than children or a spouse. Our office must verify this information before determining your eligibility for federal student aid.

INSTRUCTIONS: Please complete the worksheet below for each dependent in your household **other than your spouse, son, daughter, stepson, or stepdaughter**. A dependent for FAFSA purposes is someone who lives with you and receives more than half of his/her support from you. If you have more than one dependent who meets this definition, make additional copies of this form.

Dependent's name: _____ Date of Birth: _____

Relationship to you: _____

- Does this person have income from employment? (circle one) **YES NO**
 If yes, what is his or her income? \$ _____ per _____.
- Does this person have other sources of income such as social security, disability benefits, VA benefits, public assistance, unemployment, retirement account or pension, etc.? (circle one) **YES NO**
 If yes, what is his or her income? \$ _____ per _____.
- Does this person contribute to your household expenses such as rent/mortgage, utilities, groceries, etc.? (circle one) **YES NO**
 If yes, what amount? \$ _____ per _____.
- Did you claim this person as a dependent on your 2016 or 2017 federal income tax return? (circle one) **YES NO**
 If yes, please attach a copy of the applicable tax return or tax return transcript. If you have already submitted tax return transcripts for verification, you may skip this step.

NOTE: Roommates, cohabitating partners, and other self-supporting adults who live with you are generally not considered dependents for FAFSA purposes. If you answered this question incorrectly on your FAFSA, you should correct your FAFSA by answering "no" to question #52.

CERTIFICATION: By signing this document, I certify that the submitted information is true and correct to the best of my knowledge. I understand that intentionally providing false or misleading information on this form may result in denial or revocation of financial aid, fines, and/or imprisonment.

Student Signature Date