## 2021-2022 HOUSEHOLD DEPENDENTS WORKSHEET

**Name**  

**Student ID**  

**Email**  

**Phone**

On your 2021-2022 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: __________________________________________

1. Does this person have income from employment? (circle one) YES NO
   
   If yes, what is his or her income? $________________________ per ____________.

2. 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 ____________.

3. Does this person contribute to your household expenses such as rent/mortgage, utilities, groceries, etc.? (circle one) YES NO
   
   If yes, what amount? $________________________ per ____________.

4. Did you claim this person as a dependent on your 2019 or 2020 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