# 2020-2021 HOUSEHOLD DEPENDENTS WORKSHEET

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<tr>
<td>Name</td>
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On your 2020-2021 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 2018 or 2019 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