

Name

## UNIVERSITY OF ALASKA FAIRBANKS

FA VF 22-23

## 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

## 2022-2023 HOUSEHOLD DEPENDENTS WORKSHEET

**Student ID** 

Email On your 2022 2022 FAESA you indicated that you	Phone have dependents other than shildren or a spayed. Our office must
verify this information before determining your elig INSTRUCTIONS: Please complete the worksheet son, daughter, stepson, or stepdaughter. A depen	have dependents other than children or a spouse. Our office must gibility for federal student aid.  below for each dependent in your household <b>other than your spouse</b> , andent for FAFSA purposes is someone who lives with you and receives have more than one dependent who meets this definition, make
Dependent's name:	Date of Birth:
Relationship to you:	
1. Does this person have income from employ	vment? (circle one) YES NO
If yes, what is his or her income? \$	per
2. Does this person have other sources of inco	ome such as social security, disability benefits, VA benefits,
public assistance, unemployment, retiremen	nt account or pension, etc.? (circle one) YES NO
If yes, what is his or her income? \$	per
3. Does this person contribute to your househo	old expenses such as rent/mortgage, utilities, groceries, etc.?
(circle one) YES NO	
If yes, what amount? \$	per
	n your 2020 or 2021 federal income tax return?
(circle one) YES NO	
If yes, please attach a copy of the applic already submitted tax return transcripts	cable tax return or tax return transcript. If you have for verification, you may skip this step.
considered dependents for FAFSA purposes. If y should correct your FAFSA by answering "no" to CERTIFICATION: By signing this document, I compared to the state of	certify that the submitted information is true and correct to the best of viding false or misleading information on this form may result in denial
Student Signature	Date