



You included dependent(s) in your household on your verification form. This form is required to determine if the individuals you listed meet the definition of dependent household members.

Complete a separate form for each dependent you included on your verification form.

A. Student Information

_____	_____	_____	B# _____
Last Name	First Name	M.I.	Student ID

B. Dependent(s) in Your Household

Federal financial aid regulations define “dependents” as children or other persons who live in your household and will receive more than 50% of their living expenses and other financial support from you between July 1, 2024 and June 30, 2025.

Name of Dependent: _____

Age of Dependent: _____

Relationship to You: _____

Will you provide more than 50% of the support to this individual from July 1, 2024 to June 30, 2025?

YES – Go to Question 2.

NO – Skip to Section D to sign the form. This person does not belong in your household and will be excluded.

Will this person continue to live at the same address as you until June 30, 2025?

YES – Complete Section C.

NO – Skip to Section D to sign the form. This person does not belong in your household and will be excluded.

I filled out the FAFSA incorrectly.

I do not have dependents. – Skip to Section D to sign the form.

