

2020-2021
Household Verification Worksheet
Dependent

Student Name _____

Colleague ID# _____

Dear Dependent Student:

In reviewing your 2020-2021 Free Application for Federal Student Aid (FAFSA), further information is needed to clarify your circumstances. Please review the back of this letter and provide information about the **members living in your household and for whom your parents provide more than 50 percent of their support.**

Your parents' household includes:

- You and your parent(s)/stepparent, *and*
- Your parents' other unmarried children *under the age of 24* (born after 12/31/1996), if
 - (a) your parents provide more than half of the children's financial support between July 1, 2020 and June 30, 2021 *or*
 - (b) the children would be required to provide parental information when applying for Federal Student Aid, *and*
- Other people over the age of 23 (born before 1/1/1997) who live in your parents' household, *and* your parents provide more than half of their financial support *and* will continue to provide more than half of their support between July 1, 2020, and June 30, 2021.
- If persons over the age of 23 (born before 1/1/1997) live in your parents' household, and receive any outside source (not from your parents) of support, you must provide documentation (tax forms/SSI-1099 forms/W-2(s), signed statements, and/or financial aid award letters).

Do not include: Foster children, roommates, persons age 24 and older who have their own income source (earnings, social security, public aid/TANF, etc.). Persons listed in your household age 24 and older may be required to provide additional documentation to confirm you/your parent(s) (if dependent) are providing more than 50 percent support.

If you have any questions, please feel free to contact the Office of Financial Aid at (708) 456-0300, Ext. 3155.

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Fill in the following information **about you and your parent(s)**.

Full Name	DOB*	Relationship	College
Example: John Doe	1/1/59	Father	None

Fill in the following information **about your parent(s) other unmarried dependent child(ren) under the age of 24 (born after 12/31/1996)** who live in your parent’s household. **Do not include** foster children or children your parents could not legally claim on their federal tax forms. Indicate the college or university if the dependent child is currently attending school in a degree/certificate program with at least six credit hours or more.

Full Name	DOB*	Relationship	College
Example: Tim Doe	1/1/96	Sister	Columbia

Fill in the following information **about your parents’ other dependents/children, over the age of 23** (born before 1/1/1997), who live in your parents’ household and **who they financially support at over 50%**. **Do not include:** Foster children, roommates, persons age 24 and older who have their own income source (earnings, social security, public aid/TANF, etc.). Persons listed in your household age 24 and older may be required to provide additional documentation to confirm you/your parent(s) (if dependent) are providing more than 50 percent support.

Full Name	DOB*	Relationship	Status	Income/Source**
Example: Sam Doe	1/1/80	Son	Disabled	\$2,412 SSI

* **DOB (Date of Birth)**

****Attach copies of any federal tax forms, W-2(s), SSI-1099 forms, signed, written statements of income for those listed in the box above.**

I declare, under penalty of perjury, that all information reported on this form is true, complete and accurate to the best of my knowledge.

Student Signature _____

Date _____

Parent Signature _____

Date _____