

Office of Student Financial Aid

103 Wilder Tower Memphis, TN 38152

Phone: 901.678.4825 **Fax:** 901.678.3590

Web: www.memphis.edu/financialaid
Online: Contact Us

2021 - 2022 DEPENDENT CONSIDERATION IN HOUSEHOLD (DCIH)

INSTRUCTIONS:

Fill out this form only if you indicated on the Verification Worksheet that you and/or your parent(s) are providing more than half of the support for a dependent in your household and were instructed to do so by a staff member. A separate form is required for each additional dependent you want considered. Upon review, the inclusion of one of you/your parent(s)* dependents as part of your household may or may not be considered.

	Name:	U ID Number: _	U ID Number:	
SSN (last four): XXX-XX		Phone Number:	Phone Number:	
B. Al	DDITIONAL DEPENDENT(S)			
Dependent's Name		Relationship to yo	Relationship to you/your parent(s)	
1	Reason that this person lives with you/you	r parent(s)* and why you/your pa	arent(s)* are sunnorting the	
1.	Reason that this person lives with your you	r parent(s) and why you your po	are supporting their	
2.	List yearly expenses and amount of suppo	rt provided for the dependent list	ed in guestion 1.	
	zist yearry expenses and amount of suppo	representation the dependent his	ou in question 1.	
	T			
	Type of Expense	Expense Amount	Support Amount	
		(Per Year)	(Per Year)	
	Rent	\$	\$	
	Car Insurance	\$	\$	
	Car Payment	\$	\$	
	Utilities	\$	\$	
	Cell Phone	\$	\$	
	Healthcare	\$	\$	
	Clothing	\$	\$	
	Food	\$	\$	
	Other (specify)	\$	\$	
	Other (specify)	\$	\$	
	Other (specify)	\$	\$	
	TOTAL	\$	\$	
	TOTAL	Ψ	Ψ	
			Date:	
Studer	t Signature:		Date.	
Studer	t Signature:(TYPED SIGNATURES	CANNOT BE ACCEPTED)	Dutc.	
Studen	t Signature:(TYPED SIGNATURES	CANNOT BE ACCEPTED)	Bac.	
	t Signature:	CANNOT BE ACCEPTED)	Date:	

^{*}Parent information is required for dependent students <u>only</u>. Independent students should only report their own information.