

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.**

A. STUDENT INFORMATION

Student Name: _____ U ID Number: _____

SSN (last four): XXX-XX-_____ Phone Number: _____

B. ADDITIONAL DEPENDENT(S)

Dependent's Name _____ Relationship to you/your parent(s) _____

1. Reason that this person lives with you/your parent(s)* and why you/your parent(s)* are supporting them:

2. List yearly expenses and amount of support provided for the dependent listed in question 1.

Type of Expense	Expense Amount (Per Year)	Support Amount (Per Year)
Rent	\$	\$
Car Insurance	\$	\$
Car Payment	\$	\$
Utilities	\$	\$
Cell Phone	\$	\$
Healthcare	\$	\$
Clothing	\$	\$
Food	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
TOTAL	\$	\$

Student Signature: _____
(TYPED SIGNATURES CANNOT BE ACCEPTED)

Date: _____

*Parent Signature: _____
(TYPED SIGNATURES CANNOT BE ACCEPTED)

Date: _____

***Parent information is required for dependent students only. Independent students should only report their own information.**