## THE UNIVERSITY OF MEMPHIS.

information.

## Office of Student Financial Aid

103 Wilder Tower Memphis, TN 38152

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Web: www.memphis.edu/financialaid

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## 2023 - 2024 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.

Student Name:		U ID Number:		
B. ADDITIO	ONAL DEPENDENT(S)			
Dependent's Name		Relationship to you/your parent(s)		
1. Reaso	on that this person lives with you/yo	ur parent(s)* and why you/your p	arent(s)* are supporting them	c:
2. List <u>v</u>	early expenses and amount of supp	ort provided for the dependent list	ted 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	\$	\$	
	ICATION AND SIGNATURE			
the best of on this for Code of Co	this form, I hereby certify that all stamy knowledge and will provide proof my contacting any person/organizationduct to purposefully give false or missify of Memphis sanctions.	if requested. I authorize Ûniversity o on. I understand it is a crime and a v	of Memphis officials to verify an iolation of the University of Me	ny informatio emphis Studei
Student Signature:			Date:	
J	(TYPED SIGNATUR	ES CANNOT BE ACCEPTED)		
*Parent Signa	ture:		Date:	
	(TITED SIGNATUR	ES CANNOT BE ACCEPTED) students only. Independent students		