

2026-2027 DEPENDENT CLAIM FORM: INCOME AND EXPENSES WORKSHEET

You (Student) recently reported another person as your Dependent (person you are claiming in your household). This form is used to help the Financial Aid Office determine whether that person meets the federal requirements to be included in your household family size. For 2026–27, an unmarried partner can count as the student’s dependent for FAFSA family-size purposes only if the partner lives with the student, currently receives **more than half of their support from the student**, and will continue to receive more than half of their support through June 30, 2027.

Please answer all questions completely and include the supporting documentation requested for the applicable sections below. We will review the information you provide, including your income and the dependent’s income and other sources of support, to determine whether you provide more than half of their total support. If another person gives you money that you then use to pay an expense, report that person as the source of support rather than counting the payment as support provided by you.

STUDENT INFORMATION X		
Name:		Student ID:
Email:		Phone Number:
<i>Please list your income for 2024, 2025, and expected 2026 income. If you had no income for a year, enter \$0. For 2026, include current year-to-date earnings and expected income for the remainder of the year, if applicable. Provide supporting documentation for the year that best reflects your current ability to support the person you are claiming, such as a tax return, W-2, recent pay stubs, or an employer statement.</i>		
2024:	2025:	2026:

DEPENDENT INFORMATION: WHO IS THE PERSON BEING CLAIMED?	
Full Name:	Relationship to Student:
Current Address:	
When did this person begin living with you? (Month/Year)	Do you expect this person to continue living with you through June 30, 2027?

SUPPORT YOU PROVIDE EACH MONTH TO YOUR DEPENDENT (Do not the portion used for your own support.)		INCOME/SUPPORT THE DEPENDENT RECEIVES EACH MONTH (From other sources for herself)	
Housing/Rent:	\$	Wages/Employment:	\$
Food/Groceries:	\$	Help from parents/family:	\$
Utilities:	\$	Government benefits:	\$
Transportation:	\$	Unemployment:	\$
Medical/Insurance:	\$	Disability benefits:	\$
Phone/Internet:	\$	Child support/alimony:	\$
Clothing/Personal expenses:	\$	Savings used for expenses:	\$
Other:	\$	Other:	\$
TOTAL:		TOTAL:	

Amount from student:	Amount from dependent:	Percentage provided by student:
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STATEMENT OF CLAIM

X

Why do you consider this person financially dependent on you?

SUPPORTING DOCUMENTATION REQUIRED:

Please provide documentation sufficient to verify the financial support reported above. Examples may include housing expenses, utility bills, bank statements, payment records, benefit statements, or other evidence showing the amount of the expense and who paid or received it. Additional documentation may be requested if necessary. The items below are examples. You are not required to submit every document listed. Please provide enough documentation to support the amounts you reported on this form.

- ☐ *Wages/Employment: Recent pay stubs, W-2, or employer statement shows wages received.*
- ☐ *Housing/Rent: Lease or rental agreement shows the monthly housing cost. Bank statement, canceled check, or payment receipt shows who paid that cost.*
- ☐ *Food/Groceries: Grocery receipts or account history show the food expense. Bank/credit-card records show who paid.*
- ☐ *Utilities: Utility bill shows the monthly expense. Payment confirmation or bank statement shows who paid it.*
- ☐ *Transportation: Car payment, insurance bill, transit pass, or other transportation bill shows the expense. Payment records show who paid it.*
- ☐ *Medical/Insurance: Insurance premium, medical bill, or pharmacy receipt shows the expense. Payment records show who paid it.*
- ☐ *Phone/Internet: Bill shows the monthly expense and whose service/line is included. Payment record shows who paid.*
- ☐ *Government/Disability/Unemployment Benefits: Benefit or award statement shows the type and amount received.*
- ☐ *Help from Parents/Family: Bank transfers, checks, or a signed statement from the person providing support can document the amount and frequency.*
- ☐ *Savings Used for Expenses: Bank statements can show withdrawals or transfers being used toward living expenses. Pay stub or W-2 shows the dependent's wages or employment income.*

CERTIFICATION AND SIGNATURE

I certify that the information provided on this form is complete and accurate to the best of my knowledge. I have answered all applicable questions and included the supporting documentation requested for the amounts reported. I understand that incomplete, inconsistent, or missing information may delay the review of my financial aid eligibility and may require additional documentation. I understand that providing false or misleading information may affect my eligibility for financial aid.

Student Signature:

Date: