2014-2015 Household Dependent Form

Student Name: __________________________________________________________   ID#__________________

Phone# (_____) _______________   Email: ____________________________________________________________

Complete this verification form and submit it to the Financial Aid Office located in the Oliveira Student Service Center.
Write the names of all eligible household members in the spaces below. Also write in the name of the college for any household member who will be attending college at least halftime between July 1, 2014 thru June 30, 2015. If you need more space, attach a separate sheet of page.

Include:

- Yourself
- Your parent(s) even if you don’t live with them. Include both biological parents even if they are not married but live together
- Your step parent if the biological parent you live with is remarried.
- Your siblings, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, and
- Other people only if they now live with your parents and your parents will provide more than half of their support from July 1, 2014 through June 30, 2015 (you may be asked to submit proof). Claiming someone on a tax return does not mean they are considered dependents for financial aid purposes.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martha Jones (example)</td>
<td>18</td>
<td>Self</td>
<td>City University</td>
</tr>
</tbody>
</table>

Certifications and Signatures

By signing this form, we certify that all information reported on this worksheet is complete and correct to the best of our knowledge. We authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.** Your parent must sign this form if you are a dependent student.

Student__________________________________________ Parent__________________________ Date_____/_____/____

For office use only: Received by__________