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2018-2019 Household Dependent Form

Student Name: ID# Phone#()

List the names of all household members that are living in your parent(s) household. You should only report individuals for whom your parents will provide more than half of their support from 07/01/18 thru 06/30/19.

Include:

- Yourself
- Your siblings
 - 0 Do not include siblings that support themselves
 - Do not include siblings if they married & provide support for their own families 0
- Your parent(s)
 - Include both biological parents even if they are not married but living together 0
 - If your parents are separated or divorced, include only the parent with whom you live with. 0
 - If the parent you live with is remarried, you must include your step-parent 0
 - If you do not live with either parent, include the parent who provides the most financial support 0

• Other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support (you will be asked to submit proof). Claiming someone on a tax return does not mean they are considered dependents for financial aid purposes.

Full Name	Age	Relationship to student	Name of College/University you will be attending (must be enrolled at 1/2 time)
		SELF	Texas Southmost College

Signatures

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I 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.

Student signature: ______Date: _____Parent signature: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: ______Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: _____Date: ______Date: _____Date: _____Date: _______Date: ______Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ___

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