

Name:

2019-2020 Household Verification Worksheet

Financial Aid Office PO Box 421 Glendive, MT 59330 Phone: (406) 377-9410 Fax: (406) 377-8132

DCC ID#: D16

E-Mail:			Phone#	<u> </u>
the infor	re been selected for a process called 'mation from your FAFSA with the informere all questions and submit the complet	mation provided on this fo	orm and yo	
Note	e: Aid cannot be disbursed until the req	uested documentation is	received a	and reviewed.
• 7	<u>e need from you:</u> This completed worksheet; must be sign Any other requested documents listed o		nt, if stude	nt is dependent).
	tion of Household Information: (Che	,	w)	
	Dependent Students: List below you people in your <u>parent(s)</u> household, ir	ırself, your parent(s) (incl		-parent) and the
a)	Your parents' other children, even if they don't live with your parent(s), if (1) your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020, or (2) the children would be required to provide parental information when applying for federal student aid;			
b)	Other people if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.			
	Independent Students: List below yourself, your spouse (if married) and the people in your household, including:			
a)	Your children, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, even if they do not live with you;			
b)	Other people if they live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.			
be a	e: Write the name of the college for an ttending at least half time between Ju ee, diploma, or certificate program.			
Full Name of Family Member		Relationship to you	<u>Age</u>	Name of College
1		Self		Dawson Community College
2				
3				
4				
5				-
6				
Signatu	<u>re:</u>			
By signi	ng this worksheet you certify that the in	formation reported is con	nplete and	correct.
Student	Signature Date	 Parent Signatu	ıre (if appli	cable) Date