

Name:

## 2018-2019 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#:			
the infor	ve been selected for a process or rmation from your FAFSA with the te all questions and submit the co	e information ompleted form	provided on this f to the Financial	orm and you Aid Office.	our IRS tax information.	
Note	e: Aid cannot be disbursed until t	he requested	documentation is	received a	and reviewed.	
	ve need from you:					
	This completed worksheet; must Any other requested documents I	•	, ,	ent, if stude	ent is dependent).	
<u>Verifica</u>	ation of Household Information	: (Check appl	cable option belo	ow)		
	<b>Dependent Students:</b> List belopeople in your <u>parent(s)</u> housel	•		luding step	-parent) and the	
a)	<b>Your parents' other children,</b> 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, 2018 through June 30, 2019, or (2) the children would be required to provide parental information when applying for federal student aid;					
b)	<ul> <li>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, 2018 through June 30, 2019.</li> <li>Independent Students: List below yourself, your spouse (if married) and the people in your household, including:</li> </ul>					
a)	<b>Your children,</b> if you will provide more than half of their support from July 1, 2018 through June 30, 2019, even if they do not live with you;					
b)	Other people if they live with continue to provide more than h					
be a	e: Write the name of the college attending at least half time betwoeree, diploma, or certificate progra	een July 1, 2				
Full Name of Family Member		Relat	ionship to you	<u>Age</u>	Name of College	
1			Self		Dawson Community College	
2						
3						
4						
Signatu						
<u>-</u>	ng this worksheet you certify that	the informati	on reported is co	mplete and	correct.	
, - 5	,,		,	,		
Student Signature Date		Date	Parent Signature (if applicable)  Date			