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*Student's Name*

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\_\_\_\_\_  
*Student ID*

You reported a dependent on the household size statement form who is over the age of 24. Please complete the information for each household member who did not support themselves between July 1, 2020 and June 30, 2021. If there is more than three household members above age 24 please complete a separate form.

Name of Household Member _____	Age of Household Member _____	Relationship to student _____
Did this individual file a 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the type and amount of resources received in 2018. Type of Resource: _____ Amount Received: \$ _____

Name of Household Member _____	Age of Household Member _____	Relationship to student _____
Did this individual file a 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the type and amount of resources received in 2018. Type of Resource: _____ Amount Received: \$ _____

Name of Household Member _____	Age of Household Member _____	Relationship to student _____
Did this individual file a 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Was this person claimed as a dependent by someone else on their 2018 federal tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please submit a copy of the 2018 federal tax return (1040) for this individual.
Did this person have any of their own income, social security, disability, or any other untaxed income in 2018?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the type and amount of resources received in 2018. Type of Resource: _____ Amount Received: \$ _____

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or spouse signature*

\_\_\_\_\_  
*Date*