



## Park University

2021-2022

### Adult Dependent(s) Worksheet for Dependent Students

Your parent(s) have indicated that they support adult dependent(s) other than their children or spouse. The Financial Aid Office needs more information regarding these dependents before completing your verification process.

Please upload this completed form within your Financial Aid Student Portal at:

<https://finaid.park.edu/NetPartnerStudent>

PARK  
UNIVERSITY

Student's Last Name

First Name

Student ID #

**\*\*Many students find that this form is easier when completed with parents' help.**

Other adults living in your parent(s) household may be considered their dependent for FAFSA purposes. This form will help determine if other adults in your parent(s) household can be considered their dependent for FAFSA purposes. If your parent(s) have claimed this person on a current tax return or completed military dependent paperwork for this person, please submit those documents.

#### Who is NOT an adult dependent?

- Roommates
- Boyfriends, girlfriends, fiancés who are self-supporting
- Adults living with your parent(s) who are self-supporting

#### Who may be an adult dependent? A person (other than your children or spouse) who:

- Currently lives with your parent(s)  
and
- Your parent(s) provide more than 50% of that person's support (housing, food, clothes, etc.)  
and
- Your parent(s) will continue to provide more than 50% of that person's support between July 1, 2021 and June 30, 2022

If your parent(s) have more than one adult dependent that meets this definition, please make additional copies of this form.

Dependent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to you/your parent(s): \_\_\_\_\_

1. Does this person have income from employment? (circle one) **YES NO**  
If yes, what is his or her income? \$\_\_\_\_\_ per month
2. Does this person have other sources of income such as Social Security, disability benefits, VA benefits, public Assistance, unemployment, etc.? (circle one) **YES NO**  
If yes, what is his or her income? \$\_\_\_\_\_ per month
3. Does this person contribute to your parent(s) household expenses such as rent/mortgage, utilities, groceries, etc.? (circle one) **YES NO**  
If yes, what amount? \$\_\_\_\_\_ per month
4. Date your parent(s) started supporting this person \_\_\_\_\_
5. Will your parent(s) continue to support this person between July 1, 2021 and June 30, 2022? (circle one) **YES NO**

#### Certification Statement - Digital Signatures not accepted

We certify that all information reported on this form is complete and correct. We understand that changes in the FAFSA information based on the documentation provided may result in a change in financial aid eligibility.

Student (Wet Ink Signature – Digital Signatures not accepted)

Date

Parent (Wet Ink Signature – Digital Signatures not accepted)

Date

Student Financial Aid Office, [finaid@park.edu](mailto:finaid@park.edu), 816-584-6290

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