



Park University

2021-2022

Adult Dependent(s) Worksheet for Independent Students

You have indicated that you support adult dependent(s) other than your children or your 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>

Student's Last Name

First Name

Student ID #

Other adults living in your household may be considered your dependent for FAFSA purposes. This form will help determine if other adults in your household can be considered your dependent for FAFSA purposes. If you 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 you who are self-supporting

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

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

If you 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: _____

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 household expenses such as rent/mortgage, utilities, groceries, etc.? (circle one) **YES** **NO**
If yes, what amount? \$_____ per month
4. Date you started supporting this person _____
5. Will you continue to support this person between July 1, 2021 and June 30, 2022? (circle one) **YES** **NO**

Certification Statement - Digital Signatures not accepted

I certify that all information reported on this form is complete and correct. I 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

Student Financial Aid Office, finaid@park.edu, 816-584-6290

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