# Park University 2023-2024



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

Student's Last Name

First Name

Student ID #

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

This form will help determine if other adults living 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 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, 2023 and June 30, 2024

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	f Birth	:		
Re	lationship to you/your parent(s):					
1.	Does this person have income from employment? (circled of the set	-		NO	NO	
2.	oes this person have other sources of income such as Social Security, disability benefits, VA benefits ssistance, unemployment, etc.? (circle one) YES NO yes, what is his or her income? \$ per month				benefits, VA benefits, public	
3.	Does this person contribute to your parent(s) househol as rent/mortgage, utilities, groceries, etc.? (circle one) If yes, what amount? \$		uch YES	NO	)	
4.	Date your parent(s) started supporting this person				-	
5.	Will your parent(s) continue to support this person between July 1, 2023 and June 30, 2024? (circle one)		YES	NO		
We	tification Statement - Digital Signatures not accepted e certify that all information reported on this form is complete sed on the documentation provided may result in a change in t				d that changes in the FAFSA information	
Stu	dent (Wet Ink Signature – Digital Signatures not accepted)				Date	
Par	ent (Wet Ink Signature – Digital Signatures not accepted)				Date	
Plea	<b>Student Financial Aid Office,</b> ase upload this completed form within your Financial Aid Student Por					