



PARK  
UNIVERSITY

2026-2027

## Adult Dependent(s) Worksheet for Dependent Student

Your FAFSA was selected for a process called

"Verification" by the Department of Education. Verification is the process by which certain required information on the FAFSA is reviewed for accuracy and completeness. Your parent(s) have indicated that they support adult dependent(s) other than their children or spouse, this worksheet verifies which adult dependents your parent(s) support.

**Please upload this completed form and any supporting documentation to your Financial Aid Student Portal at:**

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

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

Student Name \_\_\_\_\_

**\*\*Most 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 upload those documents to your Financial Aid Portal.

### 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 will continue to live with your parent(s) between 07/01/2026 and 06/30/2027  
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 07/01/2026 and 06/30/2027  
and
- That person *could* be claimed on your parent(s) tax return as a dependent (even if not claimed currently)

If your parent(s) have more than one adult dependent that meets this definition, please provide that adult dependent's information on an additional copy 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 the source of this income? \_\_\_\_\_  
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, 2026 and June 30, 2027? (circle one) **YES NO**

### Certification Statement - Digital Signatures not accepted

I/We certify that all information reported on this form is complete and correct. I/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 - No digital signatures)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (Wet Ink Signature - No digital signatures)

\_\_\_\_\_  
Date