



PARK
UNIVERSITY

2026-2027

Adult Dependent(s) Worksheet for Independent Student

Student ID _____

Student Name _____

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. You have indicated that you support adult dependent(s) other than your children or spouse, this worksheet verifies which adult dependents you support.

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

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

This form will help determine if other adults living 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 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 you and will continue to live with you between 07/01/2026 and 06/30/2027
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 07/01/2026 and 06/30/2027
and
- That person *could* be claimed on your tax return as a dependent (even if not claimed currently)

If you 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: _____

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 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, 2026 and June 30, 2027? (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 - No digital signatures) _____

Date _____