

FAFSA Status: Household Support Worksheet (Dependent Student)

During the review of your application for financial aid DMACC was not able to determine that your parent(s) will provide more than 50% support for each individual listed in the household size you reported on your 2018-2019 FAFSA. In order to determine your parent(s) level of support and your household size, you must complete this form (print and complete by hand) and return it to the DMACC Financial Aid Office. DMACC will not continue to process your application for financial aid until this form is completed and returned.

Student Information

Student Name	DMACC ID
Student Email	Student Phone Number

Student Household Information (if needed, add attachment for additional household members)

List the names of all people you included in your household size on the FAFSA. Include your parent(s) and yourself:

Name	Age	Relationship to student	Was this person claimed as a dependent on your parent(s) 2016 tax return?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Support

List current monthly expenses for the HOUSEHOLD:

	Amount per Month	Who Pays This Expense? (yourself, mother, father, grandparent, state benefit, etc.)
Rent/Mortgage	\$	
Food	\$	
Utilities	\$	
Medical Insurance	\$	
Other (specify)	\$	

Household Members' Income (if needed, add attachment for additional household members)

List income from ALL SOURCES for every member of the household (every person listed in Student Household Information, including yourself):

Name	Current Income per Month	Source (employment, child support, SSDI, veterans benefits) . If the person has no income list "None."
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

By signing this form, you certify that all the information reported is complete and correct. The information contained on this form may be utilized to correct the household size information reported on your FAFSA if it is determined that your parent(s) are not providing more than 50% financial support during the award year for a dependent you may have included within the household size.

Student Signature

Date

Parent Signature

Date

Return to DMACC Financial Aid:
 Fax: (515) 965-7124
 Email: finaid@dmacc.edu
 Mail: DMACC Financial Aid
 Building 1
 2006 S. Ankeny Blvd.
 Ankeny, IA 50023