



## 2024-2025 Dependent Household Worksheet

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

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

Address (include apt no.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (include area code) \_\_\_\_\_

Your application was selected by the U.S. Department of Education and/or Garden City Community College for review in a process called "verification". In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form. Complete this verification form and submit it to the financial aid office as soon as possible, so that your financial aid won't be delayed.

### **FAMILY SIZE INFORMATION:**

How many people are in the parent's family? Include the following in the chart below:

- Yourself
- Your parent(s) and parent spouse
- Your parent(s) dependent children—even if they live apart because of college enrollment—if your parent(s) will provide ***more than half*** of their support from July 1, 2024, through June 30, 2025.
- Other people living with your parent(s) now and if your parent(s) will provide ***more than half*** of their support\* between July 1, 2024, through June 30, 2025.

\*Support includes money, gifts, loans, housing, food, clothes, medical/dental care, etc.

Write the names, ages, and your relationship to all individuals in the family. Please attach a separate sheet if you need more space.

Full Name	Age	Relationship
		Self

### **SIGN THIS WORKSHEET**

**Warning: If you purposely give false or misleading information on this form to help establish eligibility for Federal Student Aid, you may be subject to a \$20,000 fine, a prison sentence or both.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature (one parent whose information was provided on FAFSA) \_\_\_\_\_

Date \_\_\_\_\_