



2026-2027 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 parents’ 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, 2026, through June 30, 2027.
- Other people living with your parent(s) now, and if your parent(s) will provide **more than half** of their support* between July 1, 2026, through June 30, 2027.

*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

(Wet ink or electronic signature only — typed names will not be accepted.)

Date

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

(Wet ink or electronic signature only — typed names will not be accepted.)

Date