



DEPENDENT CONSIDERATION IN HOUSEHOLD 2024-2025

(DCH24)

INSTRUCTIONS: Upon review, the inclusion of one of you/your parent's dependents as part of your household may or may not be considered. Fill out this form only if you indicated on the Verification Worksheet that you and/or your parent(s) are providing at least half support for this person.

A. Student Information

Student Name: _____ CBU ID Number: _____

SSN (Last Four) **XXX-XX-**_____ Phone Number: _____

B. Additional Information

Dependent's Name: _____ Relationship to you/your parent(s): _____

1. Reason that this person lives with you/your parent(s) and why you/your parent(s) is providing support:

2. Does this person have any income? Yes No

Type of Income	Amount
Wages	\$
Social Security	\$
Retirement	\$
TANF Benefits	\$
Disability	\$
Other	\$

3. Did this person file a **2019** Federal Income Tax Return?

Yes No

(If Yes, attach a copy of their IRS Tax Return Transcript)

4. Type of support you and/or your parent(s) provide for this person:

Type of Support	Amount
Rent	\$
Car Insurance	\$
Car Payment	\$
Utilities	\$
Clothing	\$
Food	\$

STUDENT NAME

STUDENT SIGNATURE

DATE

PARENT NAME

PARENT SIGNATURE

DATE

Parent information is required for dependent students only. Independent students should only report their own information.