



DEPENDENT CONSIDERATION IN HOUSEHOLD 2025-2026

(DCH26)

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 **2023** 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.

CHRISTIAN BROTHERS UNIVERSITY OFFICE OF FINANCIAL AID

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