

**2025-2026**  
**DEPENDENT CONSIDERATION**  
**IN HOUSEHOLD**

**Student Financial Aid**  
807 Walker Avenue  
Memphis, TN 3812  
**Main:** 901.435.155  
**Email:** financialaid@loc.ed

**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 the 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 \_\_\_\_\_

Print Name Signature Date

Parent \_\_\_\_\_  
 Print Name Signature Date

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