2026-2027
DEPENDENT CONSIDERATION IN HOUSEHOLD

Student Financial Aid
807 Walker Avenue
Memphis, TN 38126
Main: 901.435.1550
Email: financialaid@loc.edu

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: _____ **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 **2024** 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 <u>only</u>. Independent students should only report their own information.