



Student Financial Aid Office
 1000 Seventeenth Avenue North
 Nashville, Tennessee 37208
Main: 615.329.8735
Fax: 615.329.8520
Web: www.fisk.edu/financial-aid

2020-2021 DEPENDENT CONSIDERATION IN HOUSEHOLD

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: _____ **Student ID Number:** _____
SSN (last four): XXX-XX-_____ **Phone Number:** _____

B. ADDITIONAL DEPENDENT(S)

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)** are supporting them:

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 **2018** 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.**