

Name:

2024-2025 Household Verification Worksheet

Financial Aid Office PO Box 421 Glendive, MT 59330 Phone: (406) 377-9410 Fax: (406) 377-8132

DCC ID#: D16

E-Mail:		Phone#:		
You have been selected for a process cathe information from your FAFSA with the Complete all questions and submit the co	information provided on this for	orm and yo		
Note: Aid cannot be disbursed until the	ne requested documentation is	received a	nd reviewed.	
 What we need from you: This completed worksheet; must be Any other requested documents lie 		nt, if studer	nt is dependent).	
Verification of Household Information:	•	w)		
Dependent Students: List belo people in your <u>parent(s)</u> househ		uding step-	parent) and the	
a) Your parents' other children, will provide more than half of the children would be required to provide the children.	even if they don't live with your eir support from July 1, 2024	through Jui	ne 30, 2025, or (2) the	
	r people if they live with your parent(s) and your parent(s) provide more than half of their ort and will continue to provide more than half of their support from July 1, 2024 through 30, 2025.			
Independent Students: List be your household, including:	low yourself, your spouse (if m	arried) and	I the people in	
a) Your children, if you will p June 30, 2025, even if they do n		support fror	m July 1, 2024 through	
 b) Other people if they live with continue to provide more than had 				
Note: Write the name of the college be attending at least half time betwe degree, diploma, or certificate program	en July 1, 2024 and June 30			
Full Name of Family Member	Relationship to you	<u>Age</u>	Name of College	
1	Self		Dawson Community College	
2				
3				
4				
5	_			
6				
Signature:				
By signing this worksheet you certify that	the information reported is cor	nplete and	correct.	
Student Signature [Date Parent Signatu	ure (if applic	cable) Date	