

# 2024-2025 Dependent Verification Worksheet

Student's Name \_\_\_\_\_ Student's ID Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Family Size - Include the following people in the parent's family size.

- The student.

Full Name	Age	Relationship
		<i>Self</i>

- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.

Full Name	Age	Relationship to Student

- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents between July 1, 2024, and June 30, 2025.
- Other persons living with the parent now if the following are true:
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents between July 1, 2024, and June 30, 2025.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

Number in College: Include in the space below information about any household member, excluding the parents, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2024, and June 30, 2025, and include the name of the college.

Full Name	Age	Relationship to Student	College	Will be Enrolled at Least Half Time (Yes or No)

## 5. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

**Electronic signatures will not be accepted.**

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (Required)

\_\_\_\_\_  
Date

Please return this completed form to Indian Hills Community College along with any other requested materials:  
 Mail: IHCC Financial Aid Office, 525 Grandview Ave, Ottumwa IA 52501  
 or bring to One Stop/Bennett Student Services Building

*You can check your financial aid document status, print required forms, and view your financial aid award information (once available) on WIN Dashboard.*