

2026-2027 Dependent Verification Worksheet

Student's Name _____ Student's ID Number _____

Address _____ Phone _____

1. Family size includes the following:

- The student.

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

- The student's parents (or stepparent, if applicable), 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 all of 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, 2026, and June 30, 2027.
- Other persons if the following are true:
 - They live with the student's parents;
 - 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 during the award year.

The provided criteria for "dependent children" or "other persons" mirror the requirement that family size align with those 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 2026-2027 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, 2026, and June 30, 2027, and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

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

Certification and Signatures

Each person signing below certifies that all of the verification documents submitted with this certification are complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Signatures must be handwritten. Electronic signatures are not acceptable.

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

Completed documents may be submitted by fax, postal mail, or in person.
Fax: 641-683-5741

Mail: Indian Hills Community College, Financial Aid Office, 623 Indian Hills Drive, Ottumwa IA 52501

In-person drop-off: Bennett Student Services Building on Ottumwa Campus or Administration Office on Centerville Campus

Check the status of your form submissions, complete checklist items, and view your financial aid offer (once available) by logging in to your WIN account Dashboard.