## THE UNIVERSITY OF MEMPHIS.

information.

## Office of Student Financial Aid

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## 2022 - 2023 DEPENDENT CONSIDERATION IN HOUSEHOLD (DCIH)

**INSTRUCTIONS:** Fill out this form only if you indicated on the Verification Worksheet that you and/or your parent(s) are providing more than half of the support for a dependent in your household and were instructed to do so by a staff member. A separate form is required for each additional dependent you want considered. Upon review, the inclusion of one of you/your parent(s)\* dependents as part of your household may or may not be considered.

| A. STU                 | JDENT INFORMATION   |   |   |   |
|------------------------|---|---|---|---|
| Student Name:          |   | U ID Number:  |   |   |
| B. ADI                 | DITIONAL DEPENDENT(S)   |   |   |   |
| Dependent's Name       |   | Relationship to you/your parent(s)  |   |   |
| 1. ]                   | Reason that this person lives with you/yo   | ur parent(s)* and why you/your parent(s)  | arent(s)* are supporting                                      | them:                                     |
| 2. ]                   | List <u>yearly</u> expenses and amount of supp  Type of Expense   | ort provided for the dependent list  Expense Amount                               | ted in question 1.  Support Amount                            | 1   |
|                        | Type of Expense   | (Per Year)  | (Per Year)  |   |
|                        | Rent  | \$  | \$  |   |
|                        | Car Insurance   | \$  | \$  |   |
|                        | Car Payment   | \$  | \$  |   |
|                        | Utilities   | \$  | \$  |   |
|                        | Cell Phone  | \$  | \$  |   |
|                        | Healthcare  | \$  | \$  |   |
|                        | Clothing  | \$  | \$  |   |
|                        | Food  | \$  | \$  |   |
|                        | Other (specify)   | \$  | \$  |   |
|                        | Other (specify)   | \$  | \$  |   |
|                        | Other (specify)   | \$  | \$  |   |
|                        | TOTAL   | \$  | \$  |   |
|                        | RTIFICATION AND SIGNATURE   |   |   |   |
| the b<br>on th<br>Code | igning this form, I hereby certify that all sta<br>best of my knowledge and will provide proof<br>his form by contacting any person/organizati<br>e of Conduct to purposefully give false or mi<br>University of Memphis sanctions. | if requested. I authorize University of<br>on. I understand it is a crime and a v | of Memphis officials to ver<br>violation of the University of | ify any information<br>of Memphis Student |
| Student Signature:     |   |   | Date:   |   |
|                        | (TYPED SIGNATUR   | ES CANNOT BE ACCEPTED)  |   |   |
| *Parent                | Signature:  |   | Date:   |   |
|                        | (TYPED SIGNATUR   | ES CANNOT BE ACCEPTED)  |   |   |
| *Parent                | information is required for dependent   | t students only. Independent stu  | dents should only repor                                       | rt their own                              |