

Name of Student (Last, First, MI)

Name of Dependent:

space is necessary.

2026-2027 Dependent Clarification Worksheet

considered a dependent. The federal definition of an independent is someone who, among other criteria, is at least 24 years of age, is married, has children or other dependents, or is on active duty or a veteran. Someone who meets one or more of these conditions is typically considered to be independent and not counted in the household. If there are two or more individuals in the household who

Briefly explain why this individual is a dependent. Please also project the situation for 2026. Attach additional documents if more

Year of Graduation

would otherwise be counted as independent, please complete a separate form for each person.

On the FAFSA and/or the CSS Profile, your parent(s) included dependent(s) in your household size who would not typically be

Section A: Dependent Expenses Enter the total annual amount for each expense for the dependent in 2024 and 2025.				
	Total Amount of Expenses in 2024	Total Amount of Expenses in 2025		
Housing and Utilities				
Food				
Medical/Dental Expenses				
Child Care/Child Support				
Clothing and Personal Care				
Transportation				
Credit Card Bills				
Recreation and Entertainment				
Total Expenses				

Holy Cross I.D. Number

Section B: Dependent Income

Did the dependent have any sources of income (such as wages, unemployment, Social Security, disability, food stamps, public housing assistance, child support received, etc.) or support from other persons? List the total annual amount received by the dependent.

	Income Received in 2024	Income Received in 2025		
Earnings (Attach W2(s) and tax returns)				
Unemployment				
Social Security or Disability				
Food Stamps or WIC				
Public Housing Assistance (TANF)				
Child Support Received				
Support from Other Persons (Name of person(s)):				
Other (List source(s)):				
Total Income				
(we) hereby swear or affirm that the information reported on this form is true, complete, and accurate to the best of my mowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or epayment of financial aid.				
itudent Signature	Date Parent Signatu	re Date		