



## FINANCIAL AID OFFICE 2026-2027 Student Status

Students under the age of 24 who have dependents, e.g., children or other than a spouse, for whom they provide more than half of their support between July 1, 2026 and June 30, 2027 may not be required to provide parental information on their Free Application for Federal Student Aid (FAFSA). Student should return this completed form with the required documentation to the Financial Aid Office (FAO) and contact the FAO to determine if he/she meets the requirements for this determination. **If you have questions, please contact the FAO promptly to avoid delays in the processing of your financial aid.**

Last Name	First Name	M.I.	HCC ID # or SSN (last 4 digits)
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Home Phone Number (include area code)
Email			Alternate or Cell Phone Number

**1. Do you have children or other dependents who receive MORE THAN HALF of their support from you and will continue to receive support from you between July 1, 2026 and June 30, 2027?** ☐ YES ☐ NO

A. If YES, please list name, age, and relationship of dependents: \_\_\_\_\_  
\_\_\_\_\_

**2. Select your housing status and attach the required documentation (*in italics*):**

☐ I and my children/dependents live in housing provided by me.

*\*Provide a copy of the lease/mortgage listing you as renter/owner.*

☐ I and my children/dependents live in housing provided by someone else. List the name and relationship of the person providing the housing: \_\_\_\_\_

*\*Attach a signed statement from this person indicating the amount of rent paid and how often.*

A. List name, age, and relationship of all occupants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Calculate your monthly expenses and attach copies of the REQUIRED documentation:**

- Utility bills and other monthly expenses (indicated below) with your name and address
- Current paycheck stubs
- Documentation of all other sources of income/benefits including Supplemental Security Income (SSI), Food Stamps (SNAP), Medicaid/Medicare, Special Supplemental Nutrition Program for Women, Infants & Children (WIC), or Temporary Assistance for Needy Families (TANF)

**Monthly Expenses:**

**List Monthly Amounts**

**(For FAO Use Only)**

RENT/MORTGAGE	\$	
GAS/ELECTRIC	\$	
CABLE/INTERNET	\$	
CELL PHONES	\$	

CAR PMTS/INSURANCE	\$	
GROCERIES	\$	
CHILD CARE	\$	
<i>Total Expenses</i>		

**4. Were you claimed by your parent(s) on the 2024 IRS Tax Return?** ☐ YES ☐ NO

**5. Was your dependent claimed by anyone other than you on their 2024 IRS Tax Return?** ☐ YES ☐ NO

A. If YES, list the name of that person and their relationship to you: \_\_\_\_\_  
\_\_\_\_\_

**6. CERTIFICATION & SIGNATURE:**

By signing this form, I certify the following:

- All supporting documentation has been provided.
- I understand that this request will not be reviewed if incomplete.

I certify that the information provided on this form and in the accompanying documentation is complete and correct. I agree, if requested, to provide additional documentation to support the information herein.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
HCC ID # or SSN (last 4 digits)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING! If you purposely give false or misleading information, you may be fined, imprisoned, or both.**

**Note: Please allow four weeks for processing.**

**For FAO Use Only:**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Decision:    Approved    Denied

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_