

FINANCIAL AID OFFICE 2023-2024 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, 2023 and June 30, 2024 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	e apt. no.)		Date of Birth
City	State	Zip Code	Email Address
Home Phone Number	(include area code)		Alternate or Cell Phone Number
1. Do you have chi	ldren or other dependen	ts who receive MORE THAN H	HALF of their support from you and will
continue to receive	support from you betw	een July 1, 2023 and June 30,	2024? □ YES □ NO
A. If YES, please	e list name, age, and relation	onship of dependents:	
☐ I and my child	sing status and attach the ren/dependents live in hous		italics):
			ist the name and relationship of the person
· · · · · · · · · · · · · · · · · · ·	housing:	58 p. 0	and the harrie and relationship or the person
	-	erson indicating the amount of re	nt paid and how often.
A. List name, ag	ge, and relationship of all c	occupants:	
Utility bills aCurrent payDocumental Medicaid/M	and other monthly expenses check stubs tion of all other sources of i		
Month	ly Expenses:	List Monthly Amounts	(For FAO Use Only)
RENT/MORTGAGE		\$	
GAS/ELECTRIC		\$	
CABLE/INTERNET		\$	
CELL PHONES		\$	



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CAR PMTS/INSURANCE	\$	
GROCERIES	\$	
CHILD CARE	\$	
Total Expenses		
I. Were you claimed by your parent(s) on th	ne 2021 IRS Tax Return? □ YES	□ NO
5. Was your dependent claimed by anyone	other than you on their 2021 IRS	Tax Return? □ YES □ NO
A. If YES, list the name of that person and	their relationship to you:	
By signing this form, I certify the following: All supporting documentation has been properties. I understand that this request will not be recertify that the information provided on this for equested, to provide additional documentation.	eviewed if incomplete. orm and in the accompanying docuing 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 in Note: Please allow four weeks for processing. For FAO Use Only:	formation, you may be fined, imprisoned	, or both.
Date Received: R	eviewed By:	
Decision: Approved Denied		
Notes:		