

## 2024 - 2025 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. STUDENT INFORMATION

Student Name: \_\_\_\_\_ U ID Number: \_\_\_\_\_

### B. ADDITIONAL DEPENDENT(S)

Dependent's Name \_\_\_\_\_ Relationship to you/your parent(s) \_\_\_\_\_

1. Reason that this person lives with you/your parent(s)\* and why you/your parent(s)\* are supporting them:

\_\_\_\_\_

\_\_\_\_\_

2. List **yearly** expenses and amount of support provided for the dependent listed in question 1.

Type of Expense	Expense Amount (Per Year)	Support Amount (Per Year)
Rent	\$ _____	\$ _____
Car Insurance	\$ _____	\$ _____
Car Payment	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
Healthcare	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Food	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

### C. CERTIFICATION AND SIGNATURE

*By signing this form, I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge and will provide proof if requested. I authorize University of Memphis officials to verify any information on this form by contacting any person/organization. I understand it is a crime and a violation of the University of Memphis Student Code of Conduct to purposefully give false or misleading information on this form, which may be subject to a fine, imprisonment, and University of Memphis sanctions.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(TYPED SIGNATURES CANNOT BE ACCEPTED)

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(TYPED SIGNATURES CANNOT BE ACCEPTED)

**\*Parent information is required for dependent students only. Independent students should only report their own information.**