

# FAFSA Status: Household Support Worksheet (Independent Student)

During the review of your application for financial aid DMACC was not able to determine that you will provide more than 50% support for each individual listed in the household size you reported on your 2021-2022 FAFSA. In order to determine your level of support and your household size, you must complete and provide a written signature on this form and return it to the DMACC Financial Aid Office. DMACC will not continue to process your application for financial aid until this form is completed and returned.

## Student Information

|               |                      |
|---------------|----------------------|
| Student Name  | DMACC ID#            |
| Student Email | Student Phone Number |

## Student Household Information (if needed, add attachment for additional household members)

List the names of all people you included in your household size on the FAFSA:

| Name | Age | Relationship to student | Was this person claimed as a dependent on your 2019 tax return? |
|------|-----|-------------------------|---|
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|      |     |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No        |

## Financial Support

List current monthly expenses for the HOUSEHOLD:

|                   | Amount per Month | Who Pays This Expense?<br><small>(yourself, biological mother, biological father, grandparent, state)</small> |
|-------------------|------------------|---|
| Rent/Mortgage     | \$               |   |
| Food              | \$               |   |
| Utilities         | \$               |   |
| Medical Insurance | \$               |   |
| Other (specify)   | \$               |   |

**Household Members' Income (if needed, add attachment for additional household members)**

List income from ALL SOURCES for every member of the household (every person listed in Student Household Information, including yourself):

| Name | Current Income per Month | Source<br>(employment, child support, SSDI, veterans benefits) . If the person has no income list "None." |
|------|--------------------------|---|
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |
|      | \$                       |   |

By signing this form, you certify that all the information reported is complete and correct. The information contained on this form may be utilized to correct the household size information reported on your FAFSA if it is determined that you are not providing more than 50% financial support during the award year for a dependent you may have included within the household size.

\_\_\_\_\_  
Student Signature (handwritten)

\_\_\_\_\_  
Date

**Return to DMACC Financial Aid Options:**

- ✓ Electronic Upload
- ✓ Fax: (515) 965-7124
- ✓ Email: [finaid@dmacc.edu](mailto:finaid@dmacc.edu) (only send from your DMACC e-mail address)
- ✓ Mail: DMACC Financial Aid  
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