Financial Aid Office
300 College Drive
Glendive, MT 59330
Phone: (406) 377-9444
Fax: (406) 377-8132

2026-2027
Household Verification Worksheet

Name: _____ DCC ID#: D16 _____

E-Mail: _____ Phone#: _____

You have been selected for a process called "Verification." In this process, we are required to compare the information from your FAFSA with the information provided on this form and your IRS tax information. Complete all questions and submit the completed form to the Financial Aid Office.

Note: Aid cannot be disbursed until the requested documentation is received and reviewed.

What we need from you:

- This completed worksheet; must be signed by student (and parent, if student is dependent).
- Any other requested documents listed on MyInfo.

Verification of Household Information: (Check applicable option below)

_____ **Dependent Students:** *List below yourself, your parent(s) (including step-parent) and the people in your parent(s) household, including:*

a) **Your parents' other children,** even if they don't live with your parent(s), if (1) your parent(s) will provide more than half of their support from July 1, 2026 through June 30, 2027, or (2) the children would be required to provide parental information when applying for federal student aid;

b) **Other people** if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2023.

_____ **Independent Students:** *List below yourself, your spouse (if married) and the people in your household, including:*

a)Your children, if you will provide more than half of their support from July 1, 2026 through June 30, 2027, even if they do not live with you;

b)Other people if they live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

Note: Write the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2026 and June 30, 2027, and will be enrolled in a degree, diploma, or certificate program.

Full Name of Family Member	Relationship to you	Age	Name of College
1.	Self		Dawson Community College
2.			
3.			
4.			
5.			
6.			

Signature:

By signing this worksheet you certify that the information reported is complete and correct.

_____ _____

Student Signature Date Parent Signature (if applicable) Date