THE UNIVERSITY OF MEMPHIS.

information.

Office of Student Financial Aid

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Web: www.memphis.edu/financialaid
Online: Contact Us

2025 - 2026 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.

Α.	STUDENT	INFORMATION				
Student Name:			U ID Number:			
B.	ADDITION	IAL DEPENDENT(S)				
De	pendent's Na	me	Relationship to yo	ou/your parent(s)		
	1. Reason	Reason that this person lives with you/your parent(s)* and why you/your parent(s)* are supporting them:				
	List <u>yearly</u> 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)	\$	\$		
		TOTAL	\$	\$		
C.		ATION AND SIGNATURE				
	the best of my on this form to Code of Cond	y knowledge and will provide proof by contacting any person/organizati	atements and information provided of if requested. I authorize University of on. I understand it is a crime and a visleading information on this form, v	of Memphis officials to ve iolation of the University	rify any information of Memphis Student	
Student Signature:				Date:		
	S	(TYPED SIGNATUR	ES CANNOT BE ACCEPTED)			
*P	arent Signatui	re:		Date:		
	5	(TYPED SIGNATUR	ES CANNOT BE ACCEPTED)			

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