



DEPENDENT VERIFICATION FORM

2021-2022

Financial Aid Office/Enrollment Services
452 South Anderson Road, Rock Hill, South Carolina 29730
Phone (803) 327-8008 Fax (803) 981-7278

All sections must be completed.

Student Name _____ ID _____

A. Number of Household Members

List below the people in the student's household. Include:

- Yourself
- Your parents (including step-parent), whose information you provided on the FAFSA, even if you do not live with your parents.
- Your parents' other children under 24 if they will provide more than half of their support between July 1, 2021 and June 30, 2022, even if the children do not live with your parents. If you paid child support for any dependents, do not add them to this form.
- Other people if they now live with your parents and your parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2021

Full Name	Age	Relationship to Student
		Self

B. Number in College

Include below information about any household member, **excluding the parents**, who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021 and June 30, 2022. Include the name of the college. *Undergraduate only.*

Name of Student	Name of College
	York Technical College

