



2019-2020 Household Form

Student Name: _____ ID#: _____ Phone#: _____

| | |
|--|---|
| <p>If Dependent, include:</p> <ul style="list-style-type: none"> • Yourself • Your biological parents (if married or unmarried but living together) • Step-parent if the parent you live with is re-married (includes common law marriage). You are considered to be in a common law marriage if you meet ALL of the following conditions: a) you have agreed to be married, b) you have lived together as husband and wife in this state, and c) you have represented to others that you are married • Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support from 07/01/2019 thru 06/30/2020 | <p>If Independent, include:</p> <ul style="list-style-type: none"> • Yourself • Your spouse) • Your common law spouse if you meet ALL of following conditions: a) you have agreed to be married, b) you have lived together as husband and wife in this state, and c) you have represented to others that you are married • Your children (if you provide more than half of their support). • Other people if they now live with you and you will provide more than half of their support from 07/01/2019 thru 06/30/2020 |
|--|---|

Note: You will be asked to submit proof of support when other people are included on this form

(Ex. Grandparents, aunt/uncle, niece/nephew, cousins, in-laws, etc.).

Claiming someone on a tax return does not mean they are considered dependents for financial aid purposes.

| Full Name | Age | Relationship to Student | Name of College/University (must be enrolled at least ½ time) |
|-----------|-----|-------------------------|---|
| | | SELF | Texas Southmost College |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted. I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature: _____ Parent Signature: _____ Date: ____/____/____

(Required if you are a dependent student)

You may email, fax, mail or hand-deliver documents to:
TSC Financial Aid Office
Oliveira Student Services Center
80 Fort Brown, Brownsville, Texas 78520
Fax: (956) 295-3621
Email: financialaid@tsc.edu
Electronic signatures and photocopies will not be accepted.

For Office Use Only: Received by _____