



2021-2022 Household Form

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone#: \_\_\_\_\_

<p><b>If Dependent, include:</b></p> <ul style="list-style-type: none"> <li>• Yourself</li> <li>• Siblings (if parents provide more than 50% of support).</li> <li>• Your biological parents (if married-not separated/divorced) or unmarried but living together)</li> <li>• 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 <b>ALL</b> 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</li> <li>• Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support from <b>07/01/2021 thru 06/30/2022</b></li> </ul>	<p><b>If Independent, include:</b></p> <ul style="list-style-type: none"> <li>• Yourself</li> <li>• Your spouse</li> <li>• Your common law spouse if you meet <b>ALL</b> 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</li> <li>• Your children (if you provide more than half of their support).</li> <li>• Other people if they now live with you and you will provide more than half of their support from <b>07/01/2021 thru 06/30/2022</b>.</li> </ul>
---	---

**Note:** Attach proof of support for “other” people listed 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)

**Upload document via your  
TSC Online – Financial Aid Self Service portal**

For questions contact us via email at  
[financialaid@tsc.edu](mailto:financialaid@tsc.edu)  
Or by phone at (956) 295-3620

For Office Use Only: Received by \_\_\_\_\_