



2026-2027 DEPENDENT OTHER THAN SPOUSE OR CHILD INFORMATION

This form must be submitted by May 1, 2027, to be considered for the 2026–27 academic year.

Student Name: _____

UI ID Number: _____

You reported yourself as independent on the FAFSA due to providing majority financial support for a dependent other than a spouse or child who lives with you and will receive more than half of their support from you from July 1, 2026 – June 30, 2027. Since this is the sole reason for your independent status, it is necessary for us to verify the response. Additional information may be requested.

1. What is the name, birthdate, and relationship of your dependent(s)? (list any others on back)

Name: _____ Birthdate: _____ Relationship to you: _____

2. Will your dependent(s) continue to live with you for the entire academic year? ☐ Yes ☐ No

3. Do you and/or your dependent(s) live with your parents? ☐ Yes ☐ No

a. If yes, how much rent do you pay to your parents? _____

b. If no, what is your current address? _____

c. Who lives at this address with you? List name, age, and relationship of each member of your household. (Use the back of this form if needed)

4. Who claimed you as a tax exemption in 2025? _____

5. Who will claim you as a tax exemption in 2026? _____

6. Who claimed your dependent as a tax exemption in 2025? _____

7. Who claimed your dependent as a tax exemption in 2026? _____

8. Who provides medical insurance for you? _____

9. Who provides medical insurance for your dependent? _____

10. List your current monthly income below: (Do not leave any blanks. If none, enter zero)

Wages, salaries, tips: \$ _____ Veteran's benefits: \$ _____

Unemployment: \$ _____ Social security/SSI: \$ _____

Child support: \$ _____ Public assistance (ADC/AFDC): \$ _____

Disability payments: \$ _____ Worker's comp: \$ _____

Other (explain): \$ _____

Attach a signed copy of your 2025 Federal Tax Return.

Statement of Certification: I certify that the information reported on this worksheet is complete and accurate to the best of my knowledge, and I will follow through on any documentation requested. Warning: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ Date: _____

Office of Student Financial Aid

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