Financial Aid Office
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Philadelphia, PA 19114
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2026-2027 Dependents Other than a Spouse Form

PURPOSE OF THIS FORM

On your 2026-2027 Free Application for Federal Student Aid (FAFSA), you indicated that you have children or other dependents (other than a spouse) who receive more than half of their support from you. Please complete the following information for all dependents that receive more than half of their support from you. **Support includes money, food, housing, clothing, transportation, medical and dental care, etc.** Please note that we cannot continue to process your aid until we receive this completed form.

PLEASE PRINT

STUDENT'S NAME: _____

HOLY FAMILY ID: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DAYTIME PHONE: _____ EVENING PHONE: _____

NAME OF DEPENDENT	DATE OF BIRTH (MMDDYY)	RELATIONSHIP TO YOU
1.		
2.		

RESIDENCY	DOES THIS PERSON LIVE WITH YOU?	IF YES, DO YOU AND THIS PERSON LIVE WITH YOUR PARENTS?	IF NOT, WITH WHOM DO YOU LIVE?	IF THIS PERSON DOES NOT LIVE WITH YOU, WITH WHOM DO THEY LIVE?
DEPENDENT 1	YES ❑ NO ❑	YES ❑ NO ❑		
DEPENDENT 2	YES ❑ NO ❑	YES ❑ NO ❑		

DEPENDENCY ON TAX RETURNS	WAS THIS PERSON CLAIMED AS A DEPENDENT ON YOUR 2024 FEDERAL TAX RETURN? *	IF NOT, WHO CLAIMED THIS PERSON ON THEIR 2024 FEDERAL TAX RETURN? **	WERE YOU CLAIMED AS A DEPENDENT ON A PARENT'S 2024 FEDERAL TAX RETURN? ***
DEPENDENT 1	YES ❑ NO ❑		YES ❑ NO ❑
DEPENDENT 2	YES ❑ NO ❑		YES ❑ NO ❑

*** Please attach your 2024 IRS Tax Return Transcript or a signed copy of your 2024 IRS Federal Income Tax return and applicable schedules.**
**** If you listed another person here, please attach their 2024 IRS Tax Return Transcript or a signed copy of their 2024 IRS Federal Income Tax return and applicable schedules.**
***** Please attach your parents' 2024 IRS Tax Return Transcript or a signed copy of their 2024 IRS Federal Income Tax return and applicable schedules.**

You may order a **2024 IRS Tax Return Transcript** from the IRS online at www.irs.gov, select "Get Your Tax Record". You can also obtain one by phone at 1-800-908-9946. **Please make certain you request a tax return transcript – NOT a tax account transcript.**

MEDICAL BENEFITS	ARE YOU OR YOUR CHILD/CHILDREN COVERED AS A DEPENDENT ON YOUR PARENTS' MEDICAL PLAN?	IS YOUR CHILD/CHILDREN COVERED AS A DEPENDENT ON A MEDICAL PLAN OTHER THAN YOURS?	IF YES, UNDER WHOSE MEDICAL PLAN ARE THEY COVERED?
YOU	YES ❑ NO ❑		
DEPENDENT 1	YES ❑ NO ❑	YES ❑ NO ❑	
DEPENDENT 2	YES ❑ NO ❑	YES ❑ NO ❑	

CASH AND OTHER SUPPORT	DO YOU RECEIVE CASH OR MONEY PAID ON YOUR OR YOUR CHILD/CHILDREN'S BEHALF FROM YOUR PARENTS?	DO YOU RECEIVE CASH OR MONEY PAID ON YOUR OR YOUR CHILD/CHILDREN'S BEHALF FROM YOUR DEPENDENT'S OTHER PARENT?	IF YES FOR EITHER, HOW MUCH DO YOU RECEIVE (provide the yearly amount)?
YOU	YES ❑ NO ❑	YES ❑ NO ❑	
DEPENDENT 1	YES ❑ NO ❑	YES ❑ NO ❑	
DEPENDENT 2	YES ❑ NO ❑	YES ❑ NO ❑	

I certify under penalty of perjury that the information provided on this form and attached is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Return completed form and required documentation by uploading to your Self-Service account or return to the address or email address at the top of this form. Contact us at the phone number or email address above with any questions.