



OFFICE OF FINANCIAL AID  
 financialaid@edgecombe.edu

Tarboro Campus:  
 2009 W. Wilson Street  
 Tarboro, NC 27886  
 T: 252.823.5166  
 F: 252.824-3990

Rocky Mount Campus:  
 225 Tarboro Street  
 Rocky Mount, NC 27801  
 T: 252.446.0431  
 F: 252.824-3990

## 2025-26 Dependent Household Form

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

### Family Size - Includes the following:

- The student.
- The student’s parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student’s siblings if the following are true:
  - o They live with the student’s parents (or live apart because of college enrollment),
  - o They receive more than half of their support from the student’s parents, and
  - o They will continue to receive more than half their support from the student’s parents during the award year.
- Other persons if the following are true:
  - o They live with the student’s parents,
  - o They receive more than half of their support from the student’s parents, and
  - o They will continue to receive more than half their support from the student’s parents during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S tax return at the time of completing the 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size. If more space is needed, provide a separate page with the student’s name and ID number at the top.

| Full Name | Age | Relationship to student |
|-----------|-----|-------------------------|
|           |     | Self                    |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |
|           |     |                         |

### CERTIFICATION AND SIGNATURES

Each person signing below certifies that all of the information reported on this form is complete and correct.

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

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse’s Signature (optional)

\_\_\_\_\_  
 Date