

Office of Student Financial Assistance

**DEPENDENT**  
**HOUSEHOLD AGE**  
**CLARIFICATION WORKSHEET**  
**2023 - 2024**

Student Name: \_\_\_\_\_ CUA ID: \_\_\_\_\_

You and/or your parents indicated on one or more financial aid forms received by our office that someone **24 or older** is included in your household. **In order for a person to be included in your household, your parents will need to provide more than half their support during the time period of July 1, 2023 through June 30, 2024.**

Answer the following questions for each person your parents claim to support that is **age 24 or older** in your household.

**Name of Household Member:** \_\_\_\_\_ **Age** \_\_\_\_\_

1. Did the household member have earnings in the most recent tax year? Yes      No  
*(include wages, salary and tips as well as any untaxed income such as Social Security Benefits.)*
2. How much did the household member earn in the most recent tax year? \_\_\_\_\_
3. Was the household member required to file a Federal tax return? Yes      No
4. Is the household member attending a college or university at least half-time during the 2023-2024 school year? Yes      No  
*(exclude military academies and non-accredited colleges/universities.)*

**Name of Household Member:** \_\_\_\_\_ **Age** \_\_\_\_\_

1. Did the household member have earnings in the most recent tax year? Yes      No  
*(include wages, salary and tips as well as any untaxed income such as Social Security Benefits.)*
2. How much did the household member earn in the most recent tax year? \_\_\_\_\_
3. Was the household member required to file a Federal tax return? Yes      No
4. Is the household member attending a college or university at least half-time during the 2023-2024 school year? Yes      No  
*(exclude military academies and non-accredited colleges/universities.)*

**Please complete an additional form if needed.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Signature must be handwritten.  
Computer fonts not acceptable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Signature must be handwritten.  
Computer fonts not acceptable.

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

MAIL or IN-PERSON	FAX	EMAIL
The Catholic University of America 620 Michigan Avenue NE, M300 Father O'Connell Hall Washington, D.C. 20064	202-319-5573	cua-faforms@cua.edu