

# Family Member Information 2026/27



Student Name \_\_\_\_\_ RCC ID \_\_\_\_\_

**Dependent Students:**

- List the name, age, and relationship of each eligible [FAFSA family member](#).
- You and one FAFSA parent must sign the form.
- Page 2 is **only required** when you list a family member who is not your parent’s legal spouse or dependent child under 24 years of age.

**Independent Students:**

- List the name, age, and relationship of each eligible [FAFSA family member](#).
- You must sign the form.
- Page 2 is **only required** when you list a family member who is not a legal spouse or a dependent child under 24 years of age.

If you list anyone other than a spouse and/or children, you must give each of those dependents a copy of page 2 of this form. Make sure your name and ID number are written at the top. These dependents must complete the statement and sign page 2.

Once all pages are done, send them by email to your [FinAid Advisor](#) or submit in person with a FinAid Advisor in [Rogue Central](#). You can mail paper copies to: RCC Financial Aid 3345 Redwood Hwy Grants Pass, OR 97527.

*Table 1 Enter name, age, and relationship to student*

First & Last Name	Age	Relationship to Student
		Self/Student

**Student Certification:** *I confirm the information I provided is true and complete to the best of my knowledge. I understand that if I knowingly give false or misleading information, I could be fined or face other penalties.*

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

Parent Signature (for Dependent student) \_\_\_\_\_ Date \_\_\_\_\_

# Family Member Information 2026/27



Student Name \_\_\_\_\_ RCC ID \_\_\_\_\_

You are listed as a dependent for financial aid purposes. Please answer the following questions and return this signed document to the student.

Note: If the dependent family member is under 18, their parent or ***court-appointed*** legal guardian must provide this signed statement. In the case of court-appointed legal guardianship, include a copy of the court document establishing legal guardianship.

## Statement:

1. Your full name: \_\_\_\_\_
2. Do you live with the student or student's parent? \_\_\_ Yes \_\_\_ No
3. Will you live with the student or student's parent from July 1, 2026 through June 30, 2027?  
\_\_\_ Yes \_\_\_ No
4. What is your total monthly income from all sources (including work, child support, Social Security, Disability, Unemployment, contributions from family)? \$ \_\_\_\_\_
5. Do you receive ***more than half*** of your financial support from the student or student's parent?  
\_\_\_ Yes \_\_\_ No

**Certification:** *I confirm the information I provided is true and complete to the best of my knowledge. I understand that if I knowingly give false or misleading information, it will jeopardize the student's access to financial aid.*

Your signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

If dependent is under 18 and you're signing as parent or legal guardian:

Printed Name \_\_\_\_\_ Relationship to Dependent \_\_\_\_\_

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