

# 2026-2027 Oberlin Dependent Verification Form

Last Name [please print clearly] First Name MI Oberlin ID or SSN

Address [include apt. #]

City State Zip Code Student's Cell Phone Number

Applying for: \_\_\_\_\_ Entire Academic Year  
\_\_\_\_\_ Fall Semester Only  
\_\_\_\_\_ Spring Semester Only  
Planned 2026-2027 Residence: \_\_\_\_\_ On-campus  
\_\_\_\_\_ Co-op  
\_\_\_\_\_ Off-campus  
\_\_\_\_\_ Commute from home

Month/Year of Anticipated Oberlin Graduation: \_\_\_\_ / \_\_\_\_ Major(s): \_\_\_\_\_

## Section A: Main Contributor Information

List below **everyone** in your main contributor's household.

- Include:
- **your parent(s)**
    - ↳ if your parents are separated or divorced, list the parent that provides more than half of your support. If this parent has remarried, your stepparent should also be included;
  - **your parents' dependent children**
    - ↳ if they will receive more than half of their support from your contributing parent(s) or if they would be required to provide parental information when applying for Federal Student Aid;
  - **others**
    - ↳ that currently live with and receive more than half of their support from your contributing parent(s) and will continue to reside with, and receive their support from, this parent between July 1, 2026 and June 30, 2027.

Printed Full Name	Relationship to Oberlin Student	Date of birth mm/dd/yy	Name of College or University (if sibling will be full-time during 2026-2027)	Degree Sought
<b>You, the student</b>	<b>Self</b>		<b>Oberlin College</b>	[X] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate
_____	_____	_____	_____	[ ] Graduate [ ] Undergraduate

Attach an additional sheet if more space is required.

## Section B: Parent(s)' 2024 Tax Forms & Income Information

1) Check one:

- ☐ Parent(s)' signed 2024 federal tax return and W-2's have already been uploaded to the Office of Financial Aid.  
☐ Parent(s) will upload signed 2024 federal tax return [plus schedules 1, 2, 3, A, and C] and W-2's to <https://www.oberlin.edu/financial-aid/document-upload>  
☐ Parent(s) did not file a 2024 federal tax return [please complete the 2024 non-filer statement].

2) Indicate non-taxed income received by parent(s) during 2024:

Source of income: \$ Amount

- ☐ Child Support \_\_\_\_\_  
☐ Social Security \_\_\_\_\_  
☐ Other Non-Taxed Income \_\_\_\_\_ Source(s): \_\_\_\_\_

## Section C: Student's 2024 Tax Forms & Income Information

1) Did you file, or were you required to file a 2024 tax return?

- ☐ **YES.** Please upload your signed 2024 federal tax return and W-2's to <https://www.oberlin.edu/financial-aid/document-upload>
- ☐ **NO, and I had no earnings from work.**
- ☐ **NO, but I had some earnings from work.** Please complete item #2 and upload all W-2's and 1099's.

2) If you did not file and are not required to file a 2024 federal income tax return, list below your employer(s) and any income received in 2024 and attach any W-2's or 1099's you received.

Employer/Source of Income	Amount Earned	Check one
_____	_____	<input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Not applicable
_____	_____	<input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Not applicable
_____	_____	<input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Not applicable
_____	_____	<input type="checkbox"/> W2 <input type="checkbox"/> 1099 <input type="checkbox"/> Not applicable
TOTAL		_____

3) List any non-taxed income received by you, the student, during 2024:

\$ Amount

- ☐ Social Security \_\_\_\_\_
- ☐ Other Non-Taxed Income \_\_\_\_\_ Source(s): \_\_\_\_\_

## Section D: Certification Statement

I certify that all information on this application is correct and that I have read and understand the financial aid application requirements.

If the donors of a scholarship so request, I authorize the Director of Financial Aid to provide them with information from my academic record and financial aid application.

I authorize/permit Oberlin College to release any excess proceeds of my Federal Stafford and/or Federal PLUS Loan to cover any non-educational charges I incur and/or prior term(s) charges still owed on my student account.

If determined to be a dependent student for the purposes of the distribution of Oberlin College financial aid, I grant the Office of Financial Aid permission to discuss with my parents any information pertaining to my financial aid file, applicable aid awards, and student accounts.

**The student and at least one parent must sign. (A handwritten signature, not typed, is required.).**

Student Signature _____	Date _____
Parent 1 Signature _____	and/or Parent 2 Signature _____
_____	e-mail _____
_____	work # _____

Please keep a copy of this application for your records. You can upload this form to the Office of Financial Aid at <https://www.oberlin.edu/financial-aid/document-upload>

- If you will be receiving any outside scholarships, tuition benefit or veteran's benefit, please complete our on-line outside scholarship form.
- You are responsible for making Satisfactory Academic Progress, Oberlin's policy may be viewed at [www.oberlin.edu/financialaid](http://www.oberlin.edu/financialaid)
- If you have special circumstances you would like considered, please attach a separate letter.

OFFICE OF FINANCIAL AID  
Carnegie Building  
52 West Lorain Street  
Oberlin, OH 44074-1044

**OBERLIN**  
COLLEGE OF ARTS & SCIENCES  
CONSERVATORY OF MUSIC

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[F] 440-775-8249  
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