

## 2017 – 2018 #Household/College Verification Document Dependent Student - Tracking Group V1

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed. Requests for additional information will be sent to your home address. Please ensure the address on file at Robeson Community College is correct to ensure delivery of such requests.

A. Depende	ent Student's Informa	ation				
Stu	udent's Last Name	Student's First Name	Student's M.I.	Student's SSN or ID Number		
Str	udent's Street Address (in	nclude apt. no.)	<del></del>	Student's Date of Birth		
Cit	y	State	Zip Code	Student's Email Address		
Sti	udent's Home Phone Nu	mber (include area code)		Student's Alternate or Cell Phone Number		
B. Depende	ent Student's Family	Information				
List belo	w the people in your <b>p</b>	arent(s)' household. Include:				
	Yourself and your p	parent(s) (including a stepparent) ev	en if you don't live with your pa	arent(s).		
	Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if they do not live with your parent(s).					
	Other people if they now live with your parent(s) and your parent(s) provide <b>more than half</b> of their support and will continue to provide more than half of their support through June 30, 2018.					
Include 1	•	half of their support through June 3 ge for any household member, excl		be enrolled. <b>at least half tim</b>		

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017 and June 30, 2018. If more space is

needed, attach a separate page with the student's name and Social Security Number at the top.

udent Name:	Student ID Number:			
Certification and Signatures	WARNING: If you purposely give false or misleading information on this document, you may be fined, be sentenced to jail, or both.			
Each person signing this document certifies that all of the informust sign and date.	rmation reported on it is complete and correct. The student and one parent			
Student's Signature				
Parent's Signature	Date			
You should make a co	py of this document for your records.  ial Aid Office / PO Box 1420 Lumberton, NC 28360			
Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360  Completed form may be faxed to 910-272-3314 or emailed to finaid@robeson.edu				