



**2015 - 2016 #Household/College  
Verification Document**  
*Independent Student - Tracking Group V1*

Your 2015-2016 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. Student's Information**

|   |                      |                |  |
|---|----------------------|----------------|--|
| Student's Last Name                             | Student's First Name | Student's M.I. | Student's SSN or ID Number               |
| Student's Street Address (include apt. no.)     |                      |                | Student's Date of Birth                  |
| City  | State                | Zip Code       | Student's Email Address                  |
| Student's Home Phone Number (include area code) |                      |                | Student's Alternate or Cell Phone Number |

**B. Student's Family Information**

List below the people in your household. Include:

- Yourself. **(Parent 1)**
- Your Spouse, if you are married,
- Parent 2**, If unmarried and they live in the home.
- You children if you will provide more than half of their support from July, 1, 2015, through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

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

Student's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student ID Number: \_\_\_\_\_

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

**C. Certification and Signatures**

Each person signing this document certifies that all of the information reported on it is complete and correct. **The student (spouse optional) must sign and date.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

***Do not mail this document to the U.S. Department of Education.  
Submit this document to the financial aid administrator at your school.***

***You should make a copy of this document for your records.***

**Robeson Community College / Financial Aid Office / PO Box 1420 Lumberton, NC 28360**

**Completed form may be faxed to 910.618.5686 or emailed to [finaid@robeson.edu](mailto:finaid@robeson.edu)**