

2016 - 2017 #Household/College Verification Document Dependent Student - Tracking Group V1

Your 2016-2017 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 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. Dependent 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	ZipCode	Studeni's Email Address	
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number	

B. Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- □ Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- □ Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. 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 **more than half** of their support and will continue to provide more than half of their support through June 30, 2017.

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, 2016, and June 30, 2017. 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	Sister	Central University	Yes
		Self		
	2 0			
	0 0			
	2 0			
	2 2			
	5 5			

Student ID Number: Student Name: ____ WARNING: If you purposely give false or misleading information C. Certification and Signatures Each person signing this document certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date. Date Student's Signature Date Parent's Signature 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

on this document, you may be fined, be sentenced to jail, or both.