



OFFICE OF FINANCIAL AID

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2015-2016 Dependent Verification Worksheet

Student's Last Name	Student's First Name	Student's SSN	Student's FCC ID#

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law (34 CFR, Part 668) says that before awarding federal student aid, we may ask you to confirm the information you (and your parents, if applicable) reported on your FAFSA. This form must have the appropriate signatures and be accompanied by any other documentation (including 2014 Federal Income Tax Return Transcripts and 2014 W-2 transcripts or statements) that is requested to complete verification. **IF THIS FORM IS NOT COMPLETED AND SUBMITTED WITH DOCUMENTATION, FCC WILL BE UNABLE TO DETERMINE YOUR FINANCIAL AID ELIGIBILITY.**

Household Information DEPENDENT (those who were required to use parent information on the FAFSA)

Below, list your legal (biological, adoptive, or allowed by the state on your birth certificate) parent with whom you lived most in the 12 months prior to the date of your FAFSA submission. Also, list their legal spouse. If you do not live with either legal parent, list the legal parent (and their legal spouse) who provided more financial support to you in the 12 months prior to the date of your FAFSA. If your legal parents live together and are not married, list both below.

Relationship to Student	Full Name	DOB	Is this your biological parent, adoptive parent or step-parent?
Parent 1			<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step-parent
Parent 2			<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Step-parent

In the box below, list:

- (1) Your siblings (and step-siblings), if the parent(s) you listed above will provide more than ½ of their financial support from July 1, 2015 through June 30, 2016. Also include siblings who would be required to provide these parents' financial information on their own FAFSA.
- (2) Any other person who currently lives with the parent(s) you listed above, if those parent(s) provide more than ½ of the person's financial support AND will continue to do so through June 30, 2016.

Relationship to Student	Full Name	DOB	List Full College Name, If Attending*	Enrollment at least ½ time?**
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

*If any person you listed above will be enrolled in a Title IV eligible postsecondary educational institution at least ½ time in a degree, diploma or certificate program at any time between July 1, 2015 and June 30, 2016, list the full name of the college above.

** Enrollment in college during the 2015-2016 academic year. Half-time generally means 6-8 credits.



2014 FEDERAL INCOME TAX RETURN FILING STATUS

Student Filing Status

- ☐ I have already filed my 2014 return and _____ used the IRS data retrieval via my FAFSA OR _____ requested an IRS tax return transcript
- ☐ I had to amend my return and will therefore submit _____ a signed copy of my IRS 1040X form stamped with receipt date by the IRS AND _____ my IRS tax return transcript OR a signed copy of the original return
- ☐ I will not and am not required to file. In 2014, I earned \$_____ from work.
You are required to attach 2014 W-2(s) for earnings or a 2014 W-2 transcript.

Parent(s) Filing Status (for the parents listed on the reverse)

- ☐ My parent(s) have already filed their 2014 return and _____ used the IRS data retrieval via my FAFSA OR _____ requested an IRS tax return transcript
- ☐ My parent(s) had to amend their return and will therefore submit _____ a signed copy of their IRS 1040X form stamped with receipt date by the IRS AND _____ their IRS tax return transcript OR a signed copy of the original return
- ☐ My parent(s) will not and are not required to file. In 2014, my father/step-father earned \$_____ from work. In 2014, my mother/step-mother earned \$_____ from work.
Your parent(s) are required to attach 2014 W-2(s) for earnings or 2014 W-2 transcripts.

***Please note non-filers may be required to submit an IRS statement of non-filing status and/or a W-2 transcript.

SNAP (formerly known as the Food Stamps Program) BENEFITS RECEIVED IN 2013 OR 2014

This form certifies that a member of the student's household (as shown on the reverse and including the student) received benefits from the Supplemental Nutrition Assistance Program (or SNAP, and formerly known as the Food Stamps Program) sometime during 2013 or 2014. **Check all that apply to you.**

- ☐ No one in the household (as listed on the reverse, and including the student) received SNAP in 2013 or 2014.
- ☐ Yes, someone living in the household (as listed on the reverse, and including the student) received SNAP in 2013.
- ☐ Yes, someone living in the household (as listed on the reverse, and including the student) received SNAP in 2014.

CHILD SUPPORT PAID IN 2014 (by student and/or parents listed on the reverse)

- ☐ No, neither I nor my parents (as listed on the reverse) paid child support in 2014.
- ☐ Yes, either I or my parents (as listed on the reverse) paid child support in 2014. **Complete the box below.**
- ☐

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child Support Paid in 2014
			\$
			\$
			\$
			\$

Please note: If FCC has reason to believe that the information regarding child support paid is not accurate, FCC may require additional documentation, such as (1) copies of the child support payment checks or money order receipts or (2) a statement from the individual receiving the child support certifying the amount of child support received.

STATEMENT OF CERTIFICATION

I certify that all of the information reported on this worksheet is complete and correct. *The student (and one parent from the household listed on the reverse) must sign and date.* **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student's Signature _____

ID# _____

Date _____

Parent's Signature _____

Date _____

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.