



OFFICE OF FINANCIAL AID

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2017-2018 Dependent Verification Worksheet

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

Your 2017-2018 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 reported on your FAFSA. This form must have the appropriate signatures and be accompanied by any other documentation (including 2015 Federal Income Tax Return Transcripts and 2015 wage & income transcripts) 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			□ Biological □ Adoptive □ Step-parent
Parent 2			□ Biological □ Adoptive □ 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, 2017 through June 30, 2018. Also include siblings who would be required to provide the above listed 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, 2018.

Relationship to Student	Full Name	DOB	List Full College Name, If Attending*	Enrollment at least ½ time?**
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ 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, 2017 and June 30, 2018, list the full name of the college above.

^{**} Enrollment in college during the 2017-2018 academic year. Half-time generally means 6-8 credits.



2015 FEDERAL INCOME TAX RETURN FILING STATUS				
Student Filing Status				
If you filed your 2015 Federal Taxes, complete this section:				
☐ I have already filed a 2015	return and			
used the IRS data ret	trieval via my 2017-2018 FAFS/	A (and made no d	orrections to information that was	transferred) <u>OR</u>
attached an IRS 2015	tax return transcript or alrea	dy provided my	RS 2015 tax return transcript to the	FCC financial office for the
2016-2017 aid year.				
☐ I had to amend my 2015 to	ax return and will therefore s	ubmit:		
a signed copy of the	2015 1040X; <u>AND</u>			
an IRS 2015 tax return	n transcript; <u>AND</u>			
an IRS 2015 tax accou	ınt transcript <u>OR</u>			
I already submitted a	ll of the documentation need	led for an amend	ed tax return during the 2016-2017 a	aid year.
If you did NOT and will NOT file 201	5 Federal Taxes, complete thi	s section:		
☐ I will not and am not requ	uired to file and will therefore	submit:		
an IRS 2015 verification	on of non-filing (dated on or	after October 1, 2	2016)	
My total income from wor	rk in 2015 was: \$.	If you had earni	ngs, you must attach your 2015 W2	form(s) or a 2015 Wage and
	ne IRS and also complete the			
Source of Income (Employer)		Income Amou	nt Earned in 2015	
	1.1/24 1.1 1	<u> </u>		
Attach another sheet of paper if need	ded (Must include student nar	me, ID number, ai	nd student signature)	
			nts listed on the reverse)	
If your parent(s) filed 2015 Fe	deral Taxes, complete t	his section:		
☐ My parent(s) have alread	dy filed their 2015 return and			
used the IRS data retr	ieval via my 2017-2018 FAFSA	(and made no co	orrections to information that was t	ransferred) <u>OR</u>
	tax return transcript or alreac	ly provided their	IRS 2015 tax return transcript to the	e FCC financial aid office for
the 2016-2017 aid year.				
	end their 2015 tax return and	will therefore sub	omit:	
	eir 2015 1040X form; <u>AND</u>			
their IRS 2015 tax ret				
their IRS 2015 tax acc				
			ded tax return during the 2016-2017	aid year.
If your parent(s) did NOT and will No	OT file 2015 Federal Taxes, co	mplete this section	on:	
☐ My parent(s) will not and	I was not required to file a 20	15 return and will	therefore submit:	
his/her IRS 2015 ve	erification of non-filing (da	ited on or after	October 1, 2016)	
In 2015, parent 1 earned :	\$from work, a	nd parent 2 earn	ed \$from work. If yo	our parents had earnings, you
		Wage and Incom	me Transcript from the IRS for each	h parent who had earnings in
2015 and complete the ch				
Parent name	Source of Income (Employ	/er)	Income Amount Earned in 20	15
Attach another sheet of paper if need	<u> </u>	me ID number a	nd student and parent signatures)	
Actual another sheet of paper if need	dea (iviast include stadent har	ne, ib namber, ai	ia stadent and parent signatures;	
	STATEME	NT OF CERTIF	ICATION	
I certify that all of the information reported			<u> </u>	sted on the reverse) must sign and
date. WARNING: If you purposely give				
Student's Signature	ID#	Date	Parent's Signature	Date
			f age, ancestry, citizenship status, color, c	
	f			,, , , , , , , , , , ,

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.