

## 2017-2018 Dependent Household Size & Number in College Verification

### SECTION A: STUDENT INFORMATION

<b>Name:</b>	<b>Student ID#:</b>	<b>SSN (last 4 digits only):</b>
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Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

#### SUBMITTING THIS FORM

- ✓ We will update your FAFSA, if needed, based on the information provided on this form.
- ✓ We cannot continue processing your financial aid until all required financial aid documents have been submitted.
- ✓ According to federal regulations, verification must be complete and a valid record must be on file at the school by 120 days after the last day of the student's enrollment or September 2018, whichever is earlier.

### SECTION B: HOUSEHOLD INFORMATION AS OF TODAY

- List **yourself** (the student) below.

Full Name	Age

- List **your parent(s)** below.
  - If your legal parents are married to each other, or are not married to each other **and** live together, list both below.
  - If your legal parent has married/remarried, list your legal parent and your stepparent below.
  - If your legal parents are separated or divorced, list only the parent whose information you provided on the FAFSA.

Full Name	Age	Relation to Student

- List **your parent(s) other children** below if your parent(s) will provide more than half of their support from July 1, 2017 through June 30, 2018.
- List **other people only** if they now live with your parent(s) **AND** get more than half of their support from your parent(s), **AND** will continue to get this support from July 1, 2017 through June 30, 2018.
- For those listed below who will be attending college **AND** enrolled in a degree or certificate program at least half-time between July 1, 2017 and June 30, 2018, provide the name and state of the college. **DO NOT** include dual-enrollment for high school students.
- Attach a separate sheet if you need more space for additional household members.

Full Name	Age	Relation To Student	Name and State of College

### SECTION C: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature(s). I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student Signature	Date	Parent Signature	Date
X _____	_____	X _____	_____

**Return this completed form with any required documentation to:**

Requests for additional information will be sent to your [my.waketech.edu](mailto:my.waketech.edu) email address. Please activate your email account and check it regularly.

**Wake Tech Community College / Financial Aid Office / 9101 Fayetteville Road, Raleigh NC 27603**  
 Fax # 919.662.3529 / Email: [faforms@waketech.edu](mailto:faforms@waketech.edu)