V1 Dependent



2018 - 2019 Dependent Student Verification Form

Your 2018-2019 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 must ask you to confirm the information you reported on your FAFSA. Data will be compared from your FASFA application with this form, 2016 Income Tax information and any other requested information for both you and parent(s). Complete and sign this document and submit with other required documents. Respond quickly so that your financial aid will not be delayed.

A. Student's Information

Student's Last Name	First Name M.I.	Last 4 digits of SS 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 N	umber (include area code)	Student's Alternate or Cell Phone Number		

B. Dependent Student's Family Information

List below the names of all household members, including yourself. 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 certificated program at an eligible postsecondary educational institution any time between July 1, 2018 and June 30, 2019.

List the people in your parent's household, include:

- a. Yourself and your parent(s) (including stepparent) even if you don't live with your parents/stepparents
- b. Your parents' other children, even if they don't live with your parent(s), if 1. Your parents provide more than half of their support from July 1, 2018 through June 30, 2019 or 2. they would have to provide parental information when applying for aid
- c. Other people if they now live with your parent(s) if your parent(s) provide more than half of their support and will continue to do so from July 1, 2018 through June 30, 2019

If more space is needed, provide a separate page with the student's name and DOB at the top.

				Will be Enrolled at Least
Full Name	Age	Relationship	College	Half Time (Yes)
1.		Self	Cabarrus College of Health Sciences	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Students Name:		Students DOB/				
C. Verification of 201	6 Income Tax Inform	nation				
			S DRT) that is part of FAFSA	on the Weh at FAFSA	gov. In most cases in	
			at was transferred into the s	_		
information was not chang	-			Ü		
	applies FOR THE STUDE	NT:	Check the one box that applies FOR THE PARENT:			
The student filed a	2016 Federal Tax Return	and used the IRS	The parent(s) filed a 2016 Federal Tax Return and used the IRS			
DRT in FAFSA on th	e Web to transfer the 20	16 IRS income tax	DRT in FAFSA on the Web to transfer the 2016 IRS income tax			
return information	into the FAFSA.		return information into the FAFSA.			
The student was <u>u</u>	nable or chose not to use	<u>e</u> the IRS DRT in	The parent(s) were <u>unable or chose not to use</u> the IRS DRT in			
	and instead is providing		FAFSA on the Web, and instead is providing the school with a			
	n Transcript(s) and copic	es of all 2016 W-2		Transcript(s) and copi	ies of all 2016 W-2	
forms. * See notes		_	forms. * See notes l			
	t file a 2016 Federal Tax		The parent(s) <u>did not file</u> a 2016 Federal Tax Return, were not			
employed and had	no income earned from	work in 2016.	employed and had no income earned from work in 2016.			
			*Confirmation of Non-filing letter must be obtained from the IRS. * See notes below			
The student did no	t file a 2016 Federal Tax	Peturn but the	The parent(s) <u>did not file</u> a 2016 Federal Tax Return, but the			
·	ouse were employed in 20		parent(s) were employed in 2016 and have listed below the			
	of all employers, the amo		names of all employers, the amount earned from each			
	016, and whether an IRS		employer in 2016, and whether an IRS W-2 form is provided.			
	copies of all 2016 IRS W		[Provide copies of all 2016 IRS W-2 forms issued to the student			
-	ouse by their employers]		and spouse by their employers]. List every employer even if			
employer even if th	ne employer did not issue	e an IRS W-2 form.	the employer did no	t issue an IRS W-2 form	n.	
If you have lost any	of your W-2 forms, you	may order a Wage	If you have lost any	of your W-2 forms, you	ı may order a Wage	
	ript directly from the IRS	online at	and Income Transcript directly from the IRS online at			
www.irs.gov. * See	notes below			rmation of Non-filing le	etter must be	
	İ	1	obtained from the IF	RS. * See notes below	1	
Faralous de Nous	IDC M/ 2 Daniel de d2	Annual Amount	Francisco de Nove e	IDC M 2 D	Annual Amount	
Employer's Name	IRS W-2 Provided?	Earned in 2016	Employer's Name	IRS W-2 Provided?	Earned in 2016	
				+	 	
			-			
Total Amount of Incon	 ne Farned from Work	\$	Total Amount of Income	 e Farned from Work	\$	
Total Amount of meon	ie Lamea nom work	7	Total Amount of meoning	s Lamed Hom Work	1 7	
*!!to abtain a 2016 ID	C Tare Date on Transactint	a 2016 Camfinnastian	of Non-Filipp Latter			
*How to obtain a 2016 IR: 2016 Tax Return Tra	•	or 2016 Confirmation	i of Non-Filing Letter			
	=	·//www.irs.gov/indivi	iduals/get-transcript Reque	ct the "IDS Tay Peturn"	Transcript"	
•	phone Request – 1-800-9		neque	st the ins rax neturn	Transcript	
2016 Verification o		00 3340.				
	orm – IRS Form 4506T-EZ	or IRS Form 4506-T.				
<u></u>	<u></u>					
D. Certification and S	ignatures					
	_	the information repo	rted is complete and correc	t.		
		•	Ith Sciences to make any ch		reported FAFSA data	
that result from the V		· ·	,	0 0 ,	,	
	•	isleading informa	tion you may be fined	. sent to prison or	both.	
. 0 /	70	0		,		
Print Student's Name		Last 4 digits of SS	Last 4 digits of SS Number			
Student's Signature (Requ	ired)	Date				
D 1/ C: : /D :		Dete				
Parent's Signature (Required)		Date				

Do not mail this worksheet to the U.S. Department of Education.

You may submit the verification and requested forms to: Cabarrus College of Health Sciences - Attention: Robin Robinson 401 Medical Park Drive Concord, NC 28025 Phone (704) 403-2445 Fax (704) 403-2077