## **Wayne Community College**

## 2014-2015 Verification of Student's Household Size & Number in College

Your 2014-2015 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this worksheet and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You must sign this worksheet, attach any required documentation and submit the completed package to the WCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid. Your eligibility for financial aid cannot be determined until the verification process is complete.

Student Name:			WCC ID #:	
E-mail Address:				
The instructions provided below apply to <i>independent</i> students only. If you are considered a dependent student, you will need to complete the Verification of Parent's Household Size & Number in College.				
Family Information				
In the space below, write the names of $\underline{\textbf{ALL}}$ members of the s	student's hou	sehold including:		
<ul> <li>The student</li> <li>The student's spouse (if the student is married)</li> <li>The student's or spouse's children if the student or second through June 30, 2015, even if the children do</li> <li>Other people if they now live with the student and the and will continue to provide more than half of their second</li> </ul>	not live with the student or s	he student spouse provides <u>r</u>		·
<b>Number in College:</b> For any household member who will be enrolled at least half time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2014 and June 30, 2105, include the name of the institution.				
If more space is needed, attach a separate page that include:				
Full Name	Age	Self		Wayne Community College
		Jei	•	wayne community conege
Certification and Signature				
By signing below I certify that all of the information reported on this form is complete and correct.			WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.	
Student's Signature	 Da	te		

MAIL OR FAX COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Wayne Community College Financial Aid Office PO Box 8002 Goldsboro, NC 27533-8002 Fax: 919-736-9425

Email: wcc-finaid@waynecc.edu

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