

Your status as an independent student for financial aid purposes is based entirely on your response(s) to question #51 and/or #52 on the 2016-2017 FAFSA. You reported that you have at least one child or other dependent who will receive more than half of their support from you between July 1, 2016 and June 30, 2017. The Financial Aid Office requires verification of your status. ***Your eligibility for financial aid cannot be determined until the verification process has been completed.**

STUDENT NAME: _____

WCC ID #: _____

E-MAIL ADDRESS: _____

PHONE #: _____

INSTRUCTIONS: Complete and sign this worksheet, attach any required documentation, and submit the completed package to the WCC Financial Aid Office for review. If the questions related to dependents were answered incorrectly, make corrections at www.fafsa.gov and add parent information.

A. DEPENDENT INFORMATION (enter a response for EACH question below; incomplete forms will be returned)

In the spaces below, list your qualified dependent(s). Include your children if you will provide **MORE THAN HALF** of their support between July 1, 2016 and June 30, 2017, even if they do not live with you. Include other people **ONLY** if they meet all of the following criteria:

- 1) They currently live with you; **AND**
- 2) They currently receive more than half of their support from you; **AND**
- 3) They will continue to receive more than half of their support from you through June 30, 2017.

NOTE: Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses.

FULL NAME OF YOUR DEPENDENT	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU

REQUIRED DOCUMENTATION

- Is the listed dependent(s) your biological or adopted child? YES NO If **YES**, attach a copy of the birth certificate or adoption decree.
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- Did you claim the listed dependent(s) on your 2015 federal tax return? YES NO If **YES**, attach a **SIGNED COPY OF YOUR 2015 IRS TAX RETURN TRANSCRIPT**. {available at www.irs.gov}
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- Are you the custodial parent of the listed dependent(s)? YES NO If **NO**, submit a notarized statement from the custodial parent confirming that you contribute more than half of the dependent's support.
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- Is the listed dependent an unborn child that is due between July 1, 2016 and June 30, 2017? YES NO If **YES**, submit a statement from your doctor that includes your anticipated due date.

B. VERIFICATION OF SUPPORT (enter a response for EACH question below; incomplete forms will be returned)

- 1) Where are you currently living?

Own Home Rental or Public Housing Attach a copy of your rental/lease agreement, or mortgage/other documents showing housing in your name.

With your parent(s) OTHER: _____ If "OTHER", please specify name/relationship.

- 2) Does the listed dependent(s) live with you? YES NO If **NO**, with whom does your dependent live? _____

- 3) Do you pay childcare costs for the listed dependent(s)? YES NO If **YES**, Amount Paid \$ _____ per month
(Answer YES if you are receiving childcare assistance)

4) Do you provide medical coverage for the listed dependent(s)? (Answer YES if you are receiving Medicaid)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : attach a copy of the medical card(s)
5) Do you RECEIVE child support for the listed dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : How much support did you receive in 2015? \$ _____ How much support do you expect to receive in 2016? \$ _____
6) Do you PAY child support for the listed dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : How much support did you pay in 2015? \$ _____ How much support do you expect to pay in 2016? \$ _____
7) Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : Attach a copy of your <u>most recent</u> pay stub showing year to date earnings
8) Do any of your OR the listed dependents' relatives provide financial support? (for bills, personal items, diapers, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : Name of relative: _____ Relationship to you: _____ How much support was provided in 2015? \$ _____ per _____
9) Do you OR your listed dependent(s) receive any other type of assistance or income? (ex. WIC, Food Stamps, SSI, Work First/TANF, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : Indicate the type and amount: Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____
10) Did someone else claim you OR your listed dependent(s) on their 2015 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : Name: _____ Relationship to you: _____
11) Will someone else claim you OR your listed dependent(s) on their 2016 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES : Name: _____ Relationship to you: _____

C. ADDITIONAL INFORMATION

Use the space below to provide any other information to help explain how you provide the basic necessities (food, shelter, utilities, clothing, personal items, etc.) for your listed dependent(s).

~If more space is needed, attach a separate sheet of paper that includes your name and WCC ID #. ~

D. CERTIFICATION AND SIGNATURE

By signing below I certify that all information reported on this form and any supporting documentation is true and complete.

STUDENT SIGNATURE (REQUIRED) NOTE: Print before signing - digital signatures are not acceptable

DATE

WARNING: If you purposely provide false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:

Wayne Community College – Financial Aid Office – PO Box 8002 – Goldsboro, NC 27533-8002
FAX: 919-736-9425 - EMAIL: wcc-finaid@waynecc.edu