

Your 2023-2024 FAFSA was selected for review in a process known as **verification**. Federal law states that we have the right to confirm the reported information before offering or disbursing federal student aid. Financial Aid & Veterans Services staff will compare the information provided on the FAFSA for you and your parent(s) with the information in this verification form and any required documentation. **PLEASE NOTE – Your eligibility for financial aid can be established only when the verification process is complete.**

STUDENT NAME: _____ **STUDENT ID:** _____

ADDRESS: _____
STREET OR PO BOX CITY STATE ZIP

Instructions: Please use blue or black ink to complete this form.

HOUSEHOLD MEMBERS: List below the people in the parent's household. Remember to include the following:

- ✓ The student.
- ✓ The parents (*including a stepparent*), even if the student doesn't live with the parents.
- ✓ The parents' other children if the parents will provide more than half of the children's support from July 1, 2023, through June 30, 2024, OR if the other children would be required to provide parental information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if a child does not live with the parents.
- ✓ Other people, if they now live with the parents and the parents provide more than half of the other person's support* and will continue to provide more than half of that person's support through June 30, 2024.

*Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.
**Additional documentation may be required to prove the support of dependents other than the student's spouse and children.

NUMBER IN COLLEGE: In the last column below, provide the name of the college for any household member listed (*excluding the parents*) who is, or 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, 2023, and June 30, 2024.

FULL NAME OF HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING AT LEAST HALF-TIME DURING 2023-2024
		SELF	Wayne Community College

~If more space is needed, attach a separate page that includes the student's name and WCC ID~

Note: Additional documentation may be required if we have reason to believe that the information regarding household members enrolled in eligible postsecondary institutions is inaccurate.

CERTIFICATION AND SIGNATURES

By signing below, I certify that all information reported on this form, plus any included documentation is accurate and complete.

STUDENT SIGNATURE (REQUIRED)

DATE

PARENT SIGNATURE (REQUIRED)

DATE

WARNING: Knowingly providing false or misleading information to obtain financial aid may lead to fines, imprisonment, or both.

RETURN THIS COMPLETED FORM WITH THE REQUIRED DOCUMENTATION TO:

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