

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 2017-2018 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, 2017 and June 30, 2018. 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 applic Aid Office for review. **If you answered the questions regarding dependent		•	
A. DEPENDENT INFORMATION (enter a response for EACH que	stion below; incomplete	forms will be returned	)
In the spaces below, list your qualified dependent(s). Include your ch July 1, 2017 and June 30, 2018, even if they do not live with you. Inc			
<ol> <li>They currently live with you; AND</li> <li>They currently receive more than half of their support from you.</li> <li>They will continue to receive more than half of their support</li> </ol>	you; <b>AND</b>	,	e ronowing Criteria.
NOTE: Support includes money, housing, food, clothing, medical/d			e costs, and similar expenses.
FULL NAME OF YOUR DEPENDENT	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU
		REQUIRED DOCUM	IENTATION
Is the dependent(s) listed above your biological or adopted child?	☐ YES ☐ NO	If YES, attach a copy of the dependent's birth certificate or adoption decree.	
Did you claim the dependent(s) listed above on your 2016 federal tax return?	☐ YES ☐ NO	If YES, attach a SIGNED copy of your 2016 IRS TAX RETURN TRANSCRIPT. {available @ www.irs.gov}	
Are you the custodial parent of the dependent(s) listed above?	☐ YES ☐ NO	If <b>NO</b> , submit a notarized statement from the custodial parent verifying that you contribute <u>more than half</u> of the dependent's support.	
Is the dependent listed above an unborn child that is due between July 1, 2017 and June 30, 2018?	☐ 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 que	stion below; incomplete	forms will be returned	)
1) Where are you currently living?		Attach a conv of you	r rental/lease agreement, or
☐ Own Home ☐ Rental or Public Housing		.,,	iments showing housing in
☐ With your parent(s) ☐ OTHER:		If "OTHER", please s	specify name/relationship.
2) Does the listed dependent(s) live with you?	☐ YES ☐ NO	If NO, with whom does your dependent live?	
Do you pay childcare costs for the listed dependent(s)?     (Answer YES if you are receiving childcare assistance)	☐ YES ☐ NO	If YES, Amount Paid \$ per month	

4)	Do you provide medical coverage for the listed dependent(s)? (Answer YES if you are receiving Medicaid)	☐ YES ☐ NO	If YES: attach a copy of the medical card(s)		
5)	Do you <b>RECEIVE</b> child support for the listed dependent(s)?	☐ YES ☐ NO	If YES: Enter the total support you received in 2016? \$		
			Enter the total support you expect to receive in 2017? \$		
	Do you PAY child support for the listed dependent(s)?	☐ YES ☐ NO	If YES: Enter the total support you paid in 2016?  \$		
6)			Enter the total support you expect to pay in 2017?  \$		
7)	Are you currently employed?	☐ YES ☐ NO	If YES: Attach a copy of your <u>most recent</u> pay stub showing year to date earnings		
	Do any of your <b>OR</b> the listed dependents' relatives provide financial support? (for bills, personal items, diapers, etc.)	☐ YES ☐ NO	If YES: Name of relative:		
8)			Relationship to you:		
			How much financial support was provided in 2016?		
			\$ per		
	Do you <b>OR</b> your listed dependent(s) receive any other type of assistance or income? (ex. WIC, Food Stamps, SSI, Work First/TANF, etc.)	☐ YES ☐ NO	If YES: Indicate the type and monthly amount:		
9)			Type: Amount: \$		
			Type: Amount: \$		
			Type: Amount: \$		
10)	Did someone else claim you <b>OR</b> your listed dependent(s) on their 2016 federal tax return?	☐ YES ☐ NO	If YES: Name:		
			Relationship to you:		
11)	Will someone else claim you <b>OR</b> your listed dependent(s) on their 2017 federal tax return?	☐ YES ☐ NO	If <b>YES</b> : Name:		
			Relationship to you:		
C.	ADDITIONAL INFORMATION				
Use the space below to provide any other information that may 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 documentation provided is true and complete.					
STUDENT SIGNATURE (REQUIRED)			DATE		

WARNING: If you purposely provide false or misleading information to obtain financial aid, 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

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Wayne Community College. The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: http://www.sacscoc.org/principles.asp. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.