

## Financial Aid Office

## 2026-2027 Dependent Student Household Size/Number in College Form

Your application has been selected for review in a process called **verification.** In this process, we will compare the information from your FAFSA application with the information provided on this form, and with any other required documents. By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and the documents you provide, we will submit corrections to the federal processor. Return your verification documents as soon as possible, in order for your file to be ready to review for eligible awards.

STUDENT INFORMATION:

Last Name	First Name	Soc	ial Security # (Last 4 Digits)	SCC 7 Digit Student ID #
Phone # (Include Area Code)		Email Address		
		HOUSEHO	LD INFORMATION	
Dependent student, include:	:			
<ul> <li>Your parent(s)' other ch</li> <li>a) your parent(s) will pro</li> <li>b) the children would be</li> </ul>	ildren if: ovide more than ha e required to provid ey now live in your   0, 2027	alf of their support de parental inform parents' househol		June 30, 2027, or
Full Name	Age	Relationship	Name of College and Degree Program (If enrolled during 2026-2027 year and at least half-time student)	
		Self	SCC/	
TIFICATION: <i>Please sign he</i>			onal page if necessary  Warning: If you purposely give fals	e or misleading information, you may be fined, be sentence
r both.	·	•		
nt Signature				Date
t Signature (If a student is dependent whose information was			arent Name (Please Print)	Date
			helieve that any information s	upplied on this document may not be accurate, we

447 College Drive | Sylva, NC 28779 | 828.339.4438 | Toll Free 800.447.4091 | fax: 828.339.4651

require additional documentation. You will receive another email when your eligibility is determined.