

**2018-2019 Dependent Verification Worksheet**

**WHY YOU HAVE RECEIVED THIS FORM**

Your application was selected for review in a process called "verification". In this verification process, we will be comparing information from your FAFSA with copies of you and your parents' 2016 federal tax return transcripts, or with W-2 forms or other financial documents. Federal regulations require us to collect this information before disbursing federal aid. If there are differences between your FAFSA and the verification documents, we will make the corrections and send the required changes electronically to the federal student aid processor to have your information reprocessed.

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information**

Parent(s)/Stepparent(s) **current** Marital status:  Married/Remarried  Never Married  Divorced  Separated

Unmarried and Both Parents Living Together  Widowed

Month and year **PARENTS** were married/remarried, separated, divorced, or widowed \_\_\_\_ / \_\_\_\_

List the people in your **Parent's household** including:

- Yourself, even if you don't live with your parents,
- Yourself and your parents(s), including step-parents, and
- Your parents' other children only if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.
- Other people only if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

**Number in College:** Include in the space below information about any household member 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, 2018 through June 30, 2019, include the name of the college.

Full Name	Age	Relationship	College
		Self	OCtech

\*\*IF MORE THAN 8 FAMILY MEMBERS, CHECK HERE \_\_\_\_ AND CONTINUE ON A SEPARATE SHEET OF PAPER\*\*

Did you, **the student**, attend another college other than OCtech during the 2018-2019 school year?  Yes  No

**Sign This Worksheet**

By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Dependent Students)

\_\_\_\_\_  
Date

***Return this form and any attachments to the above address.***