



## 2023–2024 Verification of Number of Household Members and Number in College

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) 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, corrections will be submitted to the federal processor. Complete this process as soon as possible in order for your file to be ready to review for eligible awards.

### A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Mitchell Student ID
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

### B. Household Information

- |   |  |
|---|--|
| <input type="checkbox"/> Check here if you are a <b>dependent student</b> , include: <ul style="list-style-type: none"> <li>Yourself</li> <li>Your parent(s) used on FAFSA, (include step-parent)</li> <li>Your parent(s)' other dependent children if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, or the children would be required to provide parental information if filing a FAFSA</li> <li>Other people, only if they now live in your parents' household, and your parents will provide more than half of their support from July 1, 2023 through June 30, 2024</li> <li>Don't list your parents' college if they are also in college</li> </ul> | <input type="checkbox"/> Check here if you are an <b>independent student</b> , include: <ul style="list-style-type: none"> <li>Yourself</li> <li>Your spouse (if you are married)</li> <li>Your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024</li> <li>Other people, only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2023 through June 30, 2024</li> </ul> |
|---|--|

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time	
		<i>Self</i>	<i>Mitchell Comm. College</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institution is inaccurate.

### Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. A parent's signature is required for dependent students.

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

Student's Signature	Date
Parent's Signature (if dependent)	Date

**Mitchell Community College Financial Aid Office, 500 West Broad Street, Statesville, NC 28677-5264 PH (704) 978-5435 F (704) 978-1302**