



**Lorain County Community College**  
**2018-2019 Household Size - Independent student**  
**Verification Worksheet**

Your 2018-2019 Free Application for Federal Aid (FAFSA) was selected for review in a process called verification. Before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. We will compare your FAFSA with the information you report on this and any other required documentation. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet and submit it to our office to prevent any delay in processing your request for financial aid. Contact our office if you have questions regarding this form at 440-366-4034. Submit this completed form with any required documentation within 90 days to the Financial Services Center, Bass Library Building or fax it to 440-366-4634.

**A. Student Information: (please print!)**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Student ID #</i>	<i>Date of birth</i>	<i>phone #</i>

**B. Household Size:** list the people in your household.

Include:

- Yourself
- Your spouse - if applicable
- Your children if you provide (or will provide) at least 51% of their support from July 1, 2018 through June 30, 2019.
- Any other people who now live with you and you 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.
- **DO NOT INCLUDE:** children in the household for whom you or your spouse paid child support.
- **NUMBER IN COLLEGE:** The applicant is **always** included in the number in college, but parents are not included.

Name	Age	Relationship	Will be or are currently in college at least half-time in 2018-2019	Name of College/University

**C. Certification and Signature:** Each person signing below certifies that all of the information reported is complete and correct. If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student signature	Date
Spouse signature (optional)	Date

Staff Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_ Checklist: \_\_\_\_\_ Tax Transcript (s) attached: \_\_\_ Yes \_\_\_ No  
 FAFSA number in household/number in college: \_\_\_\_\_/\_\_\_\_\_ W-2 if Tax Deferred Pension: \_\_\_ Yes \_\_\_ No  
 Marital status change since FAFSA filed? (If yes, can do special conditions) Has the student applied for a loan? \_\_\_\_\_  
 If under age 24, review what makes student independent. Indep/Other documents provided if needed: \_\_\_ Yes \_\_\_ No