

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 2018-2019 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, 2018 and June 30, 2019. 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 this worksheet, **attach any applicable documentation**, sign, and submit the completed package to the WCC Financial Aid Office for review. \*\*If you answered the questions regarding dependents incorrectly, make corrections at [fafsa.gov](http://fafsa.gov) and add parent information.

<b>A. DEPENDENT INFORMATION</b> (enter a response for EACH question below; incomplete forms will be returned)			
In the spaces below, list your qualified dependent(s). Include your children if you will provide <b>MORE THAN HALF</b> of their support between July 1, 2018 and June 30, 2019, even if they do not live with you. Include <u>other people</u> <b>ONLY</b> if they meet <b>all</b> of the following criteria:			
1) They now live with you; <b>AND</b>			
2) They currently receive <u>more than half</u> of their support from you; <b>AND</b>			
3) They will continue to receive <u>more than half</u> of their support from you through June 30, 2019.			
<b>NOTE: Support includes money, housing, food, clothing, medical/dental care, transportation, payment of college costs, and similar expenses.</b>			
FULL NAME OF YOUR DEPENDENT	AGE	LAST 4 DIGITS OF SSN	RELATIONSHIP TO YOU

**REQUIRED DOCUMENTATION**

Is the dependent(s) listed above your biological or adopted child?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , attach a copy of the dependent's birth certificate or adoption decree.
Did you claim the dependent(s) listed above on your 2017 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , attach a <b>SIGNED</b> copy of your <b>2017 IRS TAX RETURN TRANSCRIPT</b> . {available @ <a href="http://www.irs.gov">www.irs.gov</a> }
Are you the custodial parent of the dependent(s) listed above?	<input type="checkbox"/> YES <input type="checkbox"/> 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 will be born between July 1, 2018 and June 30, 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , submit a statement from your doctor that includes your anticipated delivery date.

<b>B. VERIFICATION OF SUPPORT</b> (enter a response for EACH question below; incomplete forms will be returned)		
1) What are your housing arrangements?		
<input type="checkbox"/> Own Home <input type="checkbox"/> Rental or Public Housing  <input type="checkbox"/> Living with my parent(s) <input type="checkbox"/> OTHER: _____		Attach a copy of your rental/lease agreement, mortgage papers OR other documents showing <u>housing in your name</u> . If "OTHER", specify name/relationship to you.
2) Does the listed dependent(s) live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>NO</b> , with whom does your dependent live? _____
3) Do you pay childcare costs for the listed dependent(s)? (Answer YES if you are receiving childcare assistance)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> , Amount Paid \$ _____ per month

4) Do you provide medical coverage for the listed dependent(s)? <i>(Answer YES if you are receiving Medicaid)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : attach a copy of the medical card(s)
5) Do you <b>RECEIVE</b> child support for the listed dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Enter the total support you <u>received</u> in 2017: \$ _____ Enter the total support you expect to receive in 2018: \$ _____
6) Do you <b>PAY</b> child support for the listed dependent(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Enter the total support you <u>paid</u> in 2017: \$ _____ Enter the total support you expect to pay in 2018: \$ _____
7) Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Attach a copy of your <u>most recent</u> pay stub showing year to date earnings.
8) Do any of your <b>OR</b> the listed dependents' relatives provide financial support? <i>(for bills, personal items, diapers, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Name of relative: _____ Relationship to you: _____ How much financial support was provided in 2017? \$ _____ per _____
9) Do you <b>OR</b> your listed dependent(s) receive any other type of assistance or income? <i>(ex. WIC, Food Stamps, SSI, Work First/TANF, etc.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Indicate the type and <u>monthly</u> amount: Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____ Type: _____ Amount: \$ _____
10) Did someone else claim you <b>OR</b> your listed dependent(s) on their 2017 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>YES</b> : Name: _____ Relationship to you: _____
11) Will someone else claim you <b>OR</b> your listed dependent(s) on their 2018 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> 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.*