



Verification Worksheet 2017-18

Your Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called “verification”. The U.S. Department of Education requires that Tidewater Community College compare the information reported by you (and your parents if a dependent student) on the FAFSA to your actual financial documents. Federal law stipulates that schools maintain the right to review this information before awarding federal aid, in order to comply with federal regulations. Any errors on your FAFSA that are discovered during the verification process will be corrected electronically by Tidewater Community College with the U.S. Department of Education.

A. Student’s Information

Student Name: _____ Social Security: XXX-XX- _____ Student ID: _____
(last four digits only)

B. Student’s Family Information

List below the people in your household. Include:

- Yourself (and your spouse if you are married)
- Your parents (only if you are a dependent student and their information is included on your FAFSA)
- Your children, if any, if you will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the child would be required to provide your information if they were completing a FAFSA for 2017-18. Include children who meet either of these standards, even if they do not live with you.
- If you are a dependent student, list your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018.
- Other people if they now live with you (or with your parents only if you are a dependent student) and you (or your parents only if you are a dependent student) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary (after high school) educational institution any time between July 1, 2017, and June 30, 2018. *If more space is needed, attach a separate page with your name and Student ID at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Joe Smith (example)</i>	<i>28</i>	<i>Husband</i>	<i>XYZ University</i>	<i>Yes</i>
		<i>Self</i>		

Student’s Primary Phone Number: (_____) _____ - _____

Student Name: _____ Social Security: XXX-XX- Student ID: _____

D. Other Information to Be Verified

1. Complete this section if someone in the student’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2015 or 2016 calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in 2015 or 2016.

2. Complete this section if you (or your spouse, if married) or your parent(s) if a dependent student, **PAID** child support in 2015.

Either I, or if married my spouse, who is listed in Section B of this worksheet, paid child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

One (or both) of the student’s parents listed in Section B of this worksheet paid child support in 2015. I, the parent have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Joe Smith (example)</i>	<i>Chris Smith</i>	<i>Bobby Smith</i>	<i>7 Years</i>	<i>\$6,000.00</i>

E. Certification and Signature

By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine of up to \$20,000, imprisonment, or both.

Student’s Signature: _____ Date: _____

Spouse’s Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Submit the completed form to your Campus Financial Aid Office or upload it to

TCC’s Financial Aid Document Submission Portal: <https://www.tcc.edu/document-portal>