

2018-19 Household Information Form

The Office of Financial Aid has received your Free Application for Federal Student Aid (FAFSA) and we must complete a federal verification process. The law states we have the right to ask for information (*tax return transcripts, W-2 forms, etc.*), as necessary, to confirm the accuracy of this federal application. If there are differences between your application and other submitted documents, corrections will be made and processed by the government. Complete this form and return it with any other requested items.

Section A: STUDENT INFORMATION (Please print using black or blue ink)

			STUDENT ID _____
LAST NAME _____	FIRST NAME _____	xxx-xx- LAST FOUR OF SSN _____	DATE OF BIRTH _____
STREET ADDRESS _____		CITY _____ STATE _____ ZIP _____	DAYTIME PHONE _____

Section B: HOUSEHOLD INFORMATION (List all people in your "household" according to the instructions below)

If considered dependent, include:

- Yourself
- Your parent(s) (including a stepparent) even if you don't live with your parent(s)
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019 and the other children would also be required to provide parental information when filing a 2018-19 FAFSA. Include children who meet these standards even if not living with your parent(s).
- Other people, if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019.

If considered independent, include:

- Yourself
- Your spouse, if you are married
- Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019 and the child would be required to provide parental information when completing the 2018-19 FAFSA. Include children who meet these standards even if they do not live with you.
- Other people, if they now live with you and you will provide more than half of their support from July 1, 2018 through June 30, 2019.

Write the college or university name for any member, **excluding parents**, who will enroll as at least a half time student (6 credit hours) between July 1, 2018 and June 30, 2019 in a degree, diploma, or certification program.

First and Last Name of Household Member	Date of Birth	Relationship to Student	Name of College to attend at least half time during 2018-19 (if applicable)
		Self	Davidson County Community College

If you are the parent or the student, by signing this worksheet you certify that all information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed worksheet. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

_____ Student Signature	_____ Date	_____ Parent Signature (for dependent students)	_____ Date
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