

**SOUTHEASTERN COMMUNITY COLLEGE
FINANCIAL AID OFFICE**

2023-2024 INDEPENDENT STUDENT VERIFICATION of HOUSEHOLD MEMBERS

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the SCC Financial Aid Office. SCC may ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

Student's Last Name Student's First Name Student's M.I. Student's ID or Social Security Number Student's Date of Birth

Student's Street Address (include apt. no.)

City and State Zip Code Student's Email Address

Student's Home Phone Number (include area code) Student's Alternate or Cell Phone Number

B. As of today, what is your current marital status: Single Married/Remarried Separated Divorced/Widowed
Date of any marital status change: _____

C. Independent Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2023, through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023–2024. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.

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 educational institution any time between July 1, 2023, and June 30, 2024. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Southeastern Community College</i>	

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

D. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet.

Student's Signature and Date