DCCC
THE COLLEGE OF DAVIDSON AND DAVIE COUNTIES

2017-18 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)

LAST NAME _____ FIRST NAME _____ STUDENT ID _____

STREET ADDRESS _____ APT/SUITE _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP CODE _____ DAY 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, 2017 through June 30, 2018, or if the other children would be required to provide parental information when filing a 2017-18 FAFSA. Include children who meet either of these standards, even if they do not live 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, 2017 through June 30, 2018.

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, 2017 through June 30, 2018 or if the child would be required to provide parental information when completing the 2017-18 FAFSA. 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 will provide more than half of their support from July 1, 2017 through June 30, 2018.

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, 2017 and June 30, 2018 in a degree, diploma, or certification program.

Full Name	Age	Relationship	College Attending in 2017-2018
		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 _____

Davidson Campus
297 DCCC Road
Thomasville, NC 27360
336.249.8186 (Office)
336.224.0240 (Fax)

Mailing Address
P.O. Box 1287
Lexington, NC 27293

Davie Campus
1205 Salisbury Road
Mocksville, NC 27028
(Office) 336.751.2885
(Fax) 336.751.6192