Financial Aid Office ▪ 908-526-1200 x8273 ▪ finaid@raritanval.edu
P.O. Box 3300 ▪ Somerville, NJ 08876-1265 ▪ www.raritanval.edu

RARITAN VALLEY COMMUNITY COLLEGE

2017-18 Dependent Verification Worksheet

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, Raritan Valley Community College will compare your FAFSA with the information on this worksheet and with any other required documents. **NOTE:** Raritan Valley Community College may ask for additional information. Promptly return this worksheet so that your financial aid is not delayed.

If the student and parent did not use the IRS Data Retrieval Tool when you completed you FAFSA, you will also need to attach your 2015 Tax Transcript which you can request from www.irs.gov

A. STUDENT INFORMATION

_____ _____
Last Name First Name M.I. Social Security Number

_____ _____
Address (include apt #) Date of Birth

_____ _____
City State Zip Phone number (include area code)

G#_____

B. Dependent Student Family Information. List the people in your household, INCLUDE:

- Yourself
- Parent(s)/Stepparent, even if the student doesn't live with the parents.
- Your parent(s)/stepparent other children if they provide more than half of the child's support from July 1, 2017 through June 30, 2018 or if the other children are required to provide parental information when completing a 2017-18 FAFSA. Include child even if not living in household.
- You may also include grandparents if they live with your parent(s)/stepparent and your parent(s)/stepparent provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.
- Include the full name of the college for any household member, excluding your parent(s) 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, 2017 and June 30, 2018. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

NAME	AGE	RELATIONSHIP	COLLEGE
1.		**SELF**	**RARITAN VALLEY C.C.**
2			
3.			
4.			
5.			
6.			
7.			
8.			

CERTIFICATION

I/we certify that all the information reported to qualify for Federal student aid is complete and correct.

_____ _____
Student's Signature **Date** **Parent Signature** **Date**