

2021-2022 Independent Verification Worksheet



Student Financial Aid Office
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Hagerstown, MD 21742

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

Your application was selected for review in a process called "Verification." When a student file is selected for verification, the Financial Aid Office must document and validate certain data elements from the FAFSA. The law says we must ask you for additional information before awarding Federal Aid and Maryland Grants or Scholarships. If there are differences between your application information and your financial documents, the Financial Aid Office may need to make corrections electronically and you may receive a corrected Student Aid Report (SAR).

Instructions: Complete all pages of this verification form and submit it to HCC Student Financial Aid Office as soon as possible. Please fill out this form in your browser and then print and sign. We require ink signatures on this form. Please contact us if you need any additional information to fill out this form.

Step 1: Student Information

Last Name

First Name

MI

HCC Student ID number

Dependency Status

I am an **INDEPENDENT** student.

My household will include:

- Yourself.
- Your **spouse**, if you are married/remarried.
- Your **children or your spouse's children**, if you and/or your spouse will provide more than half of the children's support from July 1, 2021 through June 30, 2022.
- Other people if they now live with you **and** you and/or your spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2022.

Household Size & Number in College

- List all the people whom you/your spouse support in the chart on the following page.
- Also, include in the chart below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022, and **include the name of the college**.

| Full Name | Age | Relationship | Attending College 6 credits or more? ** |
|--|-----|---------------|--|
| <i>Student/Self</i> | | | |
| | | Self | HCC |
| <i>Spouse (if married or remarried, otherwise just leave this area blank)</i> | | | |
| If you are separated but still living at the same address, include your separated spouse here as well and consider yourself married for financial aid purposes. | | | |
| | | Spouse | |
| <i>Children/Other Dependents that are supported more than 50% by you and your spouse if married</i> | | | |
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If more space is needed, provide a separate page with the student's name and ID number at the top.

Notes about your household size (if applicable):

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent (if applicable) whose information was reported on the FAFSA must sign and date.

Student Signature

No electronic signature will be accepted

Date