



**Verification Worksheet
2017-2018**

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Lakeland ID Number

A. Student Information

Last Name

First Name

(____)_____
Phone Number

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called "Verification" which compares information from your FAFSA with applicable 2015 federal tax information and/or other financial documents. Based on this review, Lakeland may need to make corrections to your FAFSA. Verification must be completed by September 7, 2018 or 120 days after your last date of enrollment for 2017-2018, whichever is earlier. Financial aid will not be disbursed until the verification process is complete. Additional documentation may be requested if we have reason to believe any of the information is inaccurate.

Your school must review the requested information under the financial aid program rules (34-CFR, Part 668)

B. Household Information – who should be included

Independent Student:

- The student
- The student's spouse
- The student's (spouse's) children if the student or spouse will provide more than half of their support from July 1, 2017 through June 30, 2018 even if they do not live with the student .
- Other people if they now live with the student and the student (spouse) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Dependent Student:

- The student
- The parent(s) (including a stepparent) even if the student doesn't live with the parent(s)
- The parent(s') other children if the parent(s) will provide more than half of their support from July 1, 2017 through June 30, 2018 even if they do not live with the parent(s) or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

List below everyone who should be included in the household.

NAME	AGE	RELATIONSHIP to student	If enrolled in college at least half-time in 2017-2018, include the name of the college, otherwise leave blank.
		Self	Lakeland Community College

	For Office Use Only	V1, V5
Current EFC: _____	Transaction #: _____	
Sent for Corrections <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sent: _____	
Verified EFC: _____	Transaction #: _____	
Date Completed: _____	Initials: _____	

Be sure to complete the second page.

