



## 2019-2020 V-4 Dependent Verification Worksheet

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for a process called “verification.” In this process, we will compare the information from your application to the information on the form and other documentation that is submitted. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you submitted on your FAFSA. If there are differences, we will make the required corrections. If we have any questions regarding the information you submitted to our office and on the FAFSA, we may ask for additional information.

**You must complete this form in INK and submit it along with  
any other required documents to the ICC Financial Assistance Office.**

### A. Student Information:

Student Name (please print)	ICC Student ID #
Student Address	Date of Birth
City	State
	Zip
Phone Number (include area code)	

### B. Dependent Student’s Household Information: List the people your parents will support between July 1, 2019 and June 30, 2020.

**YOURSELF**, even if you do not live with your parents

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Illinois Central College</i>	

**PARENT(S)** (including a stepparent) even if the you do not live with your parents.

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)

**YOUR PARENTS’ OTHER CHILDREN** if your parents will provide more than half of the children’s support from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–2020. Include children who meet either of these standards, even if a child does not live with your parents. If more space is needed, provide a separate page with the your name and ID number at the top.

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)

**OTHER PEOPLE** if they now live with your parents and your parents provide more than half of the other person’s support, **AND** will continue to provide more than half of that person’s support from July 1, 2019 through June 30, 2020. If more space is needed, provide a separate page with your name and ID number at the top.

Name	Age	Relationship		Will be Enrolled at Least Half Time (Yes or No)

(over)

### C. Certification and Signatures

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

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

It is the policy of this College that no person, on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran's status, shall be discriminated against in employment, in educational programs and activities, or in admission. Inquiries and complaints may be addressed to the Compliance Officer, Diversity Department.

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Print Student Name

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Student ID Number

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Student Signature (Required)

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Date

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Parent of Dependent Student Signature (Required)

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Date