



Office of Financial Aid
Waycross Campus (912) 287-6584
Jesup (912) 427-5800
Alma (912) 632-0951
Camden (912) 510-3327
Hazlehurst (912) 379-0041
Baxley (912) 367-1700
Golden Isles (912) 262-4999
Website: www.coastalpin.es.edu

**Dependent Student
Household Members
Verification
Worksheet**
Form: **DVHM20**
Aid Year: 2019-2020

Please *Type* or *Print* clearly.

Student Information:

Full Name (last, first, and middle initial) _____ CPTC – Student ID Number _____ Date of Birth _____

Federal Student Aid Programs: Your application was selected for review in a process called “Verification.” In this process, the Office of Financial Aid will be comparing information from your FAFSA application with you and your parent(s) financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law states we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

Family Information:

In the table below, include: Yourself Your parent(s) (including step-parent) even if you did not live with them Your parents’ other dependent (under age 24) children, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2019 to June 30, 2020.

Include other people as part of your parents’ household **ONLY IF:** They now live with your parent(s), **and** your parent(s) provide more than half of their support, **and** will continue to provide more than half of their support from July 1, 2019 to June 30, 2020. Documentation may be required.

List yourself first, then all household members. If any household member, excluding your parent(s) will be attending college at least half time, in a degree, diploma or certificate program, include the name of the college. If you need more space, attach a separate page.

| Full Name | Age | Relationship | If attending college from 07/01/19 – 06/30/20, college name |
|------------|-----|--------------|---|
| Enter Name | | Self | Coastal Pines Technical College |
| Enter Name | | | |
| Enter Name | | | |
| Enter Name | | | |
| Enter Name | | | |
| Enter Name | | | |

Certification and Signature

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

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, if a dependent student) must sign and date.

Student’s Signature _____ Date _____

Parent’s Signature (Required, if Dependent Student) _____ Date _____

Do not mail this form to the Department of Education. Submit this worksheet to the Office of Financial Aid!

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College’s implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup Campus, Office 132, khoward@coastalpin.es.edu , 912.427.5876; Cynthia Linder, Office 1439, Title IX Coordinator, Waycross Campus, clinder@coastalpin.es.edu , 912.287.4098; and Cathy Montgomery, ADA/Section 504 Coordinator, Golden Isles Campus, Office 1141, cmontgomery@coastalpin.es.edu , 912.262.9995.