



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](http://www.coastalpin.es.edu)

**Independent Student  
 Household Members  
 Verification Worksheet**  
 Form: **IVHM20**  
 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 your (and your spouse’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 spouse (if applicable)  Your children (under age 24), if you will provide more than half of their support from July 1, 2019 to June 30, 2020.

Include other people as part of your household **ONLY IF:**  They now live with you, **and** you 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 your spouse (if applicable), and then **all** household members. If any household member 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

\_\_\_\_\_ Spouse's Signature (if applicable)      \_\_\_\_\_ 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](mailto:khoward@coastalpin.es.edu) , 912.427.5876; Cynthia Linder, Office 1439, Title IX Coordinator, Waycross Campus, [clinder@coastalpin.es.edu](mailto:clinder@coastalpin.es.edu) , 912.287.4098; and Cathy Montgomery, ADA/Section 504 Coordinator, Golden Isles Campus, Office 1141, [cmontgomery@coastalpin.es.edu](mailto:cmontgomery@coastalpin.es.edu) , 912.262.9995.