2013-2014 FAFSA
Verification of Household Size

All documents should be submitted to:
Neosho County Community College-Office of Student Financial Aid
800 W 14th Street, Chanute, KS 66720    OR    900 E Logan Street, Ottawa, KS 66067
Fax: (620) 431-0082    OR    Fax: (785) 242-2068
No federal financial aid will be awarded to you until the verification process is complete.

A. Student Information

Last Name  First Name  M.I.  NCCC Student ID or SSN  Phone number best to reach you (include area code)

B. Household Information

In the grid below list the following people:

- **Yourself** (even if you don’t live with your parent(s)/stepparent)
- **Your parent(s)/stepparent** (whose information you provided on the FAFSA)
- **Your parent(s)/stepparent’s dependent children** (if your parent(s)/stepparent will provide more than half their support from July 1, 2012 through June 30, 2014, or if the children could answer “No” to every question in the Step Three Student Dependency Status section of the FAFSA, meaning the child must provide parental data when completing a FAFSA)

Include other people as part of your family only if:

- They lived with your parent(s)/stepparent and received more than half their support from your parent(s)/stepparent at the time you completed your FAFSA

AND

- They will continue to get more than half their support from your parent(s)/stepparent from July 1, 2013 through June 30, 2014.

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<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>Will live with your parent(s)?</th>
<th>Will receive more than half of his/her support from your parents?</th>
<th>College Attending in 2013-2014 school year*</th>
<th>Enrolled at least half time?</th>
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*IMPORTANT NOTE: Always count yourself as a college student. Do not include parents. Of those listed include name of college only if they will attend, at least half-time between July 1, 2013 and June 30, 2014, a program that leads to a college degree or certificate. If you need additional space, attach separate page.

E. Signatures

By signing this worksheet, we certify that all of the information reported on this worksheet is complete and correct (one parent must sign).

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

Student Signature  Date  Parent/Stepparent Signature  Date

The valid OMB control number for information collection 1845-0041.