



Office of Financial Aid
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 financialaid@southeast.edu

2019-2020 FAFSA Verification Parent of Dependent Student – Household Size

Student Name: _____ **Student SCC ID:** _____

We have received your student's 2019-2020 Free Application for Federal Student Aid (FAFSA). Your student's FAFSA was selected for review in a process called "Verification." As part of this process, Southeast Community College is required by federal regulation to collect information to verify the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR).

Please complete and return this form to the Office of Financial Aid as soon as possible. **Be sure to include your student's name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.**

Number of Household Members:

Please list the following people below:

- 1) The above named student (even if he/she does not live with you)
- 2) Yourself and other parents living in household (if applicable). This includes married, unmarried, biological, adoptive and step-parents
- 3) Other children (even if they don't live with you), if either of the following applies:
 - a) You will provide more than half of their support from July 1, 2019 through June 30, 2020; **OR**
 - b) The child would be required to provide your parental information if applying for Federal Student Aid
- 4) Other people if they currently live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

Please complete the far right column (Name & Location of College) for any household member(s) (excluding parents) who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary institution **between July 1, 2019 and June 30, 2020.**

Full Name	Date of Birth	Relationship to Student (select appropriate choice)	Name & Location of College (enrolled in degree or certificate program)
		Self	Southeast Community College
		Parent	
		Parent/Step-Parent	
		A. Sibling B. Other _____	
		A. Sibling B. Other _____	
		A. Sibling B. Other _____	
		A. Sibling B. Other _____	

Please list additional household members on the back of this form.

By signing this form, I acknowledge the following:

I certify all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. Signature is **required** of the student and at least one parent/stepparent whose information has been reported on this form.

Student signature _____ Date _____

Parent signature _____ Date _____