

Enter your JCC ID: J00 _____
FA 2425 AVR D



DEPENDENT VERIFICATION

Your federal aid application (FAFSA) was selected for a process called “verification.” This process requires the college to review and confirm certain information reported on your FAFSA. The financial aid office will compare your FAFSA with information on this worksheet and other required documents. If there are differences, the financial aid office may need to correct your FAFSA. Please **do not** make changes to your FAFSA at this time **unless advised to do so** by the financial aid office. *Note: Federal regulations give the financial aid office authority to request this information before awarding federal aid (34 CFR, Part 668). This includes Federal Direct Student & Parent (PLUS) loans.*

***The verification process can take 3-6 weeks to complete depending on when all required documentation is received.

Student's name (First, MI, Last)	Student's phone number	Parent's phone number	
Street address	City	State	Zip

Verify Family Size – Includes the following:

- yourself, even if you don't live with your parents,
- your parents (including a stepparent) reported on your FAFSA even if you do not live with your parent(s),
- other children for whom your parents will provide more than half of the financial support from 7/1/24 – 6/30/25,
- other children that would be required to use your parent(s) information on a 2024-25 FAFSA, if they attended college, even if they do not reside with your parents,
- Other people who live with your parents and who will receive more than half of their financial support from your parents through 6/30/2025.
- NOTE: Unborn children are not included in family size

Do not leave Age and Relationship to Student blank. *Incomplete forms will not be processed.*

Full Name of each household member	Age	Relationship to Student
		<i>I am the student</i>

Check this box and attach a separate page with student's name and JCC ID number at the top if more space is needed.

Certification

I certify that all information provided in this document is true, complete and accurate. I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail or both.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

JCC Financial Aid Office | PO Box 20 | Jamestown, NY 14702-0020
Jamestown 716.338.1009 | 1.800.388.8557 ext. 1009 | FAX 716.338.1459 | Olean 716.376.7512 | 1.800.388.8557 ext. 7512