



## 2018–2019 Dependent Household Information Form

Your FAFSA was selected by the U.S. Department of Education for a process called verification. BRCC is required by federal law to compare the FAFSA with the information on this worksheet. You, your parent, **and** if married parent’s spouse, must complete this form. You and your parent must sign and submit the form to the Financial Aid Office to determine eligibility for federal student aid. **Incomplete forms or conflicting information will cause delays in the processing of your aid.** Instructions for looking up your Student I.D. can be found here: [Find your student ID](#).

### A. Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID (required): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### B. Household Members and Number in College

Complete the below statement and list the people in your parent(s)’ household. If anyone in the household, **not including** your parent(s), will be enrolled in at least 6 credits at an eligible postsecondary institution/program any time between July 1, 2018 and June 30, 2019, include the name of the college. If more space is needed attach an additional sheet with the student’s name and ID at the top. The student and parent must sign and date the additional sheet.

Household members include the following:

- Yourself
- Your parent(s), including a stepparent, even if you do not live with your parent(s).
- Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a 2018-2019 federal financial aid application. Include children who meet either of these descriptions, even if they do not live with your parent(s).
- Other people 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 through June 30, 2019.

First Name	Last Name	Age	Relationship to You	College Name <i>*Don’t include parent’s if enrolled*</i>	Enrolled in 6 credits or more? Yes or No
EXAMPLE: Missy	Jones	18	Sister	XYZ University	Yes
			Self		

Total Number of people in your household: \_\_\_\_\_ Total Number of people in your household attending college in 2018-2019: \_\_\_\_\_

### C. Certification and Signatures

Each person signing below certifies that all the information reported on this worksheet is complete, correct, and any additional information is attached. The student and one parent **MUST** sign and date this section in blue or black ink.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this completed form in one of the following ways: upload it using the link to the form on your To-Do list in SIS, fax to 540-234-8189, scanned e-mail attachment to [finaid@brcc.edu](mailto:finaid@brcc.edu), or mail to Blue Ridge Community College, Office of Financial Aid, Box 80, One College Lane, Weyers Cave, VA 24486. Please call 855-844-3631 if you have questions.