

Clatsop Community College 2023-24 Verification Worksheet - Dependent Students

Your financial aid application was selected for review in a process called "Verification." In this process, CCC will be comparing your information from your application with your and your parent(s)' 2021 Federal tax information. Federal regulations require us to review this information before offering federal and state aid. If there are differences between your application information and your financial documents, we may need to make corrections electronically.

Please complete ALL sections of this worksheet, attach requested documentation as appropriate, sign and return to Financial Aid. Incomplete worksheets will not be processed, and verification cannot be completed until all requested documents are received and reviewed.

Please contact us at finaid@clatsopcc.edu if you have questions while completing this form.

A. Student Information					
First Name	Last Name		M.I.	CCC ID Number	
Address (include apt. no.)				Date of Birth	_
City	State	Zip Code	Phone N	Phone Number (Include area code)	
B. Family Information					

List the people in your parent(s)' household, including:

- Yourself
- Your parent(s), even if you do not live with your parent(s):
 - o If your custodial parent has remarried, include your stepparent's information.
 - o If your parents are divorced, separated, or were never married, do *not* list the non-custodial parent if they do not live in the household
- Your parents' other children, even if they don't live with your parent(s), if (a) your parent(s) will provide more than half of their financial support from July 1, 2023 through June 30, 2024, or (b) the children would be required to provide parental information when applying for federal student aid
- Other people if they now live with your parents, and your parents provide more than half of their financial support and will continue to provide more than half of their financial support from July 1, 2023 through June 30, 2024 (more information may be requested).

Write the names of all household members in the space(s) below. Also, write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program at a college or university that is eligible to award federal student aid funding. If you need more space, please attach a separate page.

NAME	AGE	RELATIONSHIP	COLLEGE
		Self	Clatsop CC

Student's Tax and Income Information Did you file a Federal Income Tax Return for 2021? (choose one)	○ Yes	○ No
 If you filed a tax return and have not already successfully utilize Log into your FAFSA at www.fafsa.ed.gov and correct your Provide a signed copy of your 2021 tax return or tax transce Income information if you did not file a tax return: List the sources of income you received. 	FAFSA using the IRS	•
Source of Income/Employer	2021 Amount Recei	ved Did you receive a W-2? (If yes, please provide a copy.)
D. Parent(s)' Tax and Income Information		
nportant Note: If your parent(s) filed an amended 2021 tax return, please for heir original tax return(s), and then provide a signed copy of their amended For their amended For the signed successfural and by the signed copy of their amended For the signed successfural by the signed copy of your parent(s) and correct your by the signed copy of your parent(s) 2021 tax return or signed copy of your parent(s).	form(s) 1040X to our off Ily utilized the IRS da FAFSA using the IRS (ta retrieval tool on your FAFSA:
If your parents did not file a tax return: a) Please provide a brief explanation of how your parent(s) sup	ported themselves in	n 2021:
b) Your parent(s) must also submit an IRS "Verification of Nonto www.irs.gov and clicking on "Get Your Tax Record." If the office. Income information if you did not file a tax return: List the sources of income your parent(s) received.	-	, , , , , , , , , , , , , , , , , , , ,
Source of Income/Employer	2021 Amount Recei	wed W-2 received? (If yes, please provide a copy.)
Print and Sign this Worksheet		
ach person signing this form certifies that all the information reported or arent must sign and date. Warning: If you purposely give false or misleatentenced to jail, or both.		
Student Signature (required) Date Parer	nt Signature (required)	Date

Clatsop Community College | First Stop | Columbia Hall | Room 109 1651 Lexington Ave., Astoria, OR 97103 | finaid@Clatsopcc.edu | www.clatsopcc.edu

Submit form to: