

## 2019-2020 Form A - Independent Number of Household Members and Number in College

Your 2019-2020 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and a parent (if applicable) whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

**Your eligibility for financial aid cannot be determined until the verification process is complete.**

Name \_\_\_\_\_ LCC ID# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**List all of the people in the student's household. Household Members Include:**

- The student.
- Your spouse.
- Your other children if you and/or your spouse will provide more than half of the children's support from July 1, 2019 through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with you and you provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2020.
- Note the name of the college in the "College" column for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, include the name of the college.

	Full Name	Age	Relationship to Student	College	Will be enrolled at least halftime (yes) (no)
Student			Self	Lenoir Community College	
Dependent/Spouse					
Dependent					
Dependent					
Dependent					

**Certification:**

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Lenoir Community College  
Office of Financial Aid  
P.O. Box 188  
Kinston, NC 28502  
Fax: 252-233-6896  
Email: Finaid@lenoircc.edu