

2017-2018 Dependent Verification Worksheet

Student Name _____ Student ID or SSN _____

Address _____ Phone _____

Parents' Household Information:

1. List yourself below:

Full Name	Age	Name of College
		Indian Hills Community College

2. List your parents below (including a stepparent) even if the student doesn't live with the parents. If your parents are separated or divorced, include only the parent/stepparent whose information you were required to provide on the financial aid application.

Full Name	Age	Relationship to Student

Read Carefully:

3. List your parents' other children below if the parents will provide more than half of the children's support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if a child does not live with the parents. Do not include foster children.

4. Include other people only if they now live with your parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

5. Write in the name of the college any household member who is, or 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, 2017, and June 30, 2018. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	College (if enrolled @ least ½ time)

6. Did you attend a college other than IHCC during the 2017-18 school year? Yes No
7. Have you filed a 2015 U.S. federal income tax return? Yes Will File Will Not File
8. Have your parent(s) filed a 2015 U.S. federal income tax return? Yes Will File Will Not File
- If your parents filed taxes as "Married Filing Separately," they must both submit a Tax Return Transcript.

Certification and Signature: Each person signing below certifies that all of the information reported is complete and correct.
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature (Required) _____ **Date** _____

Parent Signature (Required) _____ **Date** _____

Please return this completed form and all other required materials to:

Ottumwa Campus: Indian Hills Community College, Attn. Financial Aid, 525 Grandview Avenue, Ottumwa, Iowa 52501
 Fax: 641-683-5741, Phone: 800-726-2585, ext. 5262 or 641-683-5262, Email: OneStop@indianhills.edu
Centerville Campus: Indian Hills Community College, 721 North First Street, Centerville, IA 52544
 Fax: 641-856-3158, Phone: 800-670-3641, ext. 2200 or 641-856-2143, ext. 2200

To check the status of your documents, go to WebAdvisor and click the Financial Checklist, under the Financial Aid heading.