



2026-2027

Household Verification Form

Your 2026-2027 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The Federal Government states that before awarding Federal Student Aid, the information that (your spouse, or your parents) reported on your FAFSA may need to be confirmed. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected by the school. You (and your spouse or at least one parent) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed. *Your application cannot be processed without the requested information.*

A. Student Information

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Student ID
_____		_____	_____
Mailing Address		City	State Zip Code
_____		_____	_____
Phone Number (Include Area Code)		Alternate Number (Include Area Code)	

B. Student's Family Information

List below the people in the student's household include:

- The student.
- The student's spouse, if the student is married.
- The student's parents / legal guardian, if under age 24 and not married, (including a stepparent) even if the student doesn't live with the parents. Add both parents if they live together.
- The parents' other children under the age of 24 if the parents will provide more than half of their support from July 1, 2026, through June 30, 2027, even if the children do not live with the parents.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2026, through June 30, 2027, even if the children do not live in the student's household.

NAME	AGE	RELATIONSHIP	COLLEGE
		Self	James Sprunt Community College

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349, jscfinaid@jamesprunt.edu



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C. Certification and Signatures

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education’s Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

_____ Date: _____
 Student Signature

_____ (*optional*) Date: _____
 Spouse Signature

_____ Date: _____
 Parent Signature
 (*Required if student is considered dependent based on FAFSA information*)

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