

Name:

E-Mail:

Financial Aid Office 2715 Dickinson St Miles City, MT 59301 Phone: (406) 874-6208

Fax: (406) 874-6283

MCC ID#: M14

Phone#:

2021-2022 MCC Household Verification Worksheet

You have been selected for a process called "Verification." In this process, we are required to compare the

	on from your FAFSA with the information pages and submit the completed form to the Fin		our IRS tax	information. Complete all	
Note: Aid cannot be disbursed until the requested documentation is received and reviewed.					
• 7	need from you: This completed worksheet; must be signed any other requested documents listed on B		tudent is de	ependent).	
Verification	on of Household Information: (Check applic	cable option below)			
	Dependent Students: List below yourself, your parent(s) (including step-parent) and the people in your <u>parent(s)</u> household, including:				
a)	Your parents' other children , even if they don't live with your parent(s), if (1) your parent(s) will provide more than half of their support from July 1, 2021 through June 30, 2022, or (2) the children would be required to provide parental information when applying for federal student aid;				
b)	Other people if they 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 from July 1, 2021 through June 30, 2022.				
	Independent Students: List below yourself, your spouse (if married) and the people in your household, including:				
a)	Your children, if you will provide more than half of their support from July 1, 2021 through June 30, 2022, even if they do not live with you;				
b)	Other people if they live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.				
at lea	: Write the name of the college for any hou ast half time between July 1, 2021 and icate program.				
Full Name of Family Member		Relationship to you	<u>Age</u>	Name of College	
1.		Self		Miles Community College	
-					
_					
6					
Signature		- ation was associated in a secondate			
By signin	g this worksheet, you certify that the inforn	nation reported is complete	and correc	ι.	
Student	Signature Date	Parent Signate	Parent Signature (if applicable) Date		