



Office of Financial Aid
 Waycross Campus (912) 287-6584
 Jesup (912) 427-5800
 Alma (912) 632-0951
 Camden (912) 522-4511
 Hazlehurst (912) 379-0041
 Baxley (912) 367-1700
 Golden Isles (912) 262-4999
 Email: fnaid@coastalpines.edu
 Website: www.coastalpines.edu

**Dependent Student
 Household Members
 Verification
 Worksheet**
 Form: **DVHM22**
 Aid Year: **2020-2021**

Please *Type* or *Print* clearly.

Student Information:

_____ Full Name (last, first, and middle initial) _____ CPTC – Student ID Number _____ Date of Birth

Federal Student Aid Programs: Your application was selected for review in a process called “Verification.” In this process, the Office of Financial Aid will be comparing information from your FAFSA application with you and your parent(s) financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law states we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

Family Information:

In the table below, include: Yourself Your parent(s) (including step-parent) even if you did not live with them Your parents’ other dependent (under age 24) children, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2021 to June 30, 2022.

Include other people as part of your parents’ household **ONLY IF:** They now 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 to June 30, 2022. Documentation may be required.

List yourself first, then **all** household members. If any household member, excluding your parent(s) will be attending college at least half time, in a degree, diploma or certificate program, include the name of the college. If you need more space, attach a separate page.

Full Name	Age	Relationship	If attending college from 07/01/21 – 06/30/22, college name
Enter Full Name		Self	Coastal Pines Technical College
Enter Full Name			
Enter Full Name			
Enter Full Name			
Enter Full Name			
Enter Full Name			

Certification and Signature

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

Each person signing below certifies that all of the information reported is complete and correct. The student (and one parent whose information was reported on the FAFSA, if a dependent student) must sign and date.

_____ Student's Signature _____ Date

_____ Parent's Signature (Required, if Dependent Student) _____ Date

Do not mail this form to the Department of Education. Submit this worksheet to the Office of Financial Aid!

As set forth in the student catalog, Coastal Pines Technical College (CPTC) does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to coordinate the College’s implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Jesup Campus, 1777 West Cherry Street, Jesup, Georgia, khoward@coastalpines.edu, 912.427.5876; Brittaney Coleman, Title IX Coordinator, Waycross Campus, 1701 Carswell Avenue, Waycross, Georgia, bcoleman@coastalpines.edu, 912.287.4098; Cathy Montgomery, ADA/Section 504/Title IX Coordinator for all students, all campuses, 3700 Glynco Pkwy., Brunswick, Georgia, cmontgomery@coastalpines.edu, 912.262.9995.