

Student Name:

Form 1B
2023-2024
INDEPENDENT VERIFICATION
OF HOUSEHOLD SIZE

ID Number: _____

SCC IS REQUIRED TO VERIFY YOUR HOUSEHOLD SIZE

Your record has been selected for verification by the Department of Education

Yourself			Your Children		Other People
Enter on the first line	Do not include boyfriend or		Even If They Don't Live With You: IF you will provide more than half of their support from July 1, 2023, through June 30, 2024 OR - IF the child would be required to provide your information if they were completing a FAFSA for 2023-2024.		IF they now live with you and you provide more than half of their support and plan to provide more than half of their support through June 30, 2024.
First and L			Relationship (to student)	College (If Applicable)	Attending (At Least Half-time)
			Self	Stanly Community College	Yes
If more space is r	needed, attach a s	separate p	age with the student's nan	ne and student ID number at the top	1
e SCC Financial A estions or assist	Aid Office may ro ance please con	equire ad stact the S	ditional documentation SCC Financial Aid Office.	the Federal Government to verify y if inconsistent or conflicting information accurate to the best of my knowled	ntion is received. For