



2019-2020 Verification Supplemental Form

Student Name _____

SWC ID Number _____

A. ADDITIONAL FAMILY INFORMATION

Dependent: Any sibling(s) your parent(s) financially support more than 50%, and who would be required to provide parent information if they are completing a 2019-2020 FAFSA]

Table with 4 columns: Name, Age, Full Name of College (if attending more than half time), and Student ID# (Only if attending SWC). Three rows for dependent family members.

OTHER(S) [Please indicate additional person(s) in your household for the period of 7/1/19 to 6/30/20, that your parent(s) financially support more than 50%, e.g., significant other, cousin, grandparent]

Table with 4 columns: Name, Age, College, and Student ID#. Three rows for other household members.

Independent: Any children in your household that you and your spouse, if applicable, financially support more than 50%.

Table with 4 columns: Name, Age, College, and Student ID#. Three rows for independent children.

OTHER(S) [Please indicate additional person(s) in your household for the period of 7/1/19 to 6/30/20, that you or your spouse financially support more than 50%, e.g., significant other, sibling, cousin, grandparent]

Table with 4 columns: Name, Age, College, and Student ID#. Three rows for other household members.

B. ADDITIONAL CLARIFICATION OF INFORMATION STATEMENT

Use the space below to clarify additional verification regarding family household or income information.

C. SIGNATURES

Signing this form certifies that the information reported is complete and correct and that any false statement or failure to provide proof when asked may be cause for delay, denial, reduction, or withdrawal of financial aid. Warning: purposely giving false and/or misleading information may be cause for a fine, sentence to jail, or both. Submit to the Financial Aid Office at the Chula Vista campus or to any of the Student Services Departments at any of the Higher Education Centers.

Student Signature _____ Date _____

Parent Signature (For Dependent Students Only) _____ Date _____