



2026-2027 Independent Family Size Form

Your 2026-2027 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You, whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the HCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

****Your eligibility for financial aid cannot be determined until the verification process is complete.****

Student Name: _____ HCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

List Family Size - Includes the following:

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment);
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the 2026-2027 award year.
- Other persons if the following are true:
 - They live with the student;
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the 2026-2027 award year.

Note: Student should not include any unborn children in the family size.

	Full Name	Age	Relationship to Student
Student			Self
Dependent/Spouse			
Dependent			
Dependent			
Dependent			

Certification: I certify that the submitted information is accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

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

Student Signature

Date

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Halifax Community College • Financial Aid Office

P.O. Drawer 809 • Weldon, NC 27890 • Fax: 252-536-6392 • Email: phux961@halifaxcc.edu