

## 2016-2017 V5 Dependent Aggregate Verification

**V**5

\*\*Please complete in black ink only\*\*

A. Student Information							
P#							
PTC ID		Last Name		First Name	M.I.		
B. Family Information							
STEP 1: List yourself, your parent(s) (in	cluding	g step-parent, if pare	ent is remarried	d) and anyone who lives wi	th your parent(s) that will		
receive more than half of their support	from t	hem between July 1	, 2016 and Jun	e 30, 2017. <i>(If more space</i>	is needed, attach a		
separate page with the student's name	and Pa	# at the top. <b>Any fiel</b>	ds left unansw	ered will result in the dela	y of verification.)		
**The number i	n hous	ehold listed must m	atch the numb	er reported on your FAFS	A**		
STEP 2: Write the name of the college	for any	household member	· listed ( <b>EXCLU</b> I	DING PARENTS) who will b	e enrolled at least half		
time (6 or more hours) between July 1,	2016 a	and June 30, 2017.					
**The number	r in col	lege listed must mat	ch the numbe	r reported on your FAFSA	**		
<b>STEP 3: SNAP Benefits</b> (formerly know Check the corresponding box if person calendar years.			elow received S	NAP benefits any time dur	ing the 2014 or 2015		
STEP :	1			STEP 2	STEP 3		
Full Name	Age	Relationship		College	SNAP Received		
		Self	Pie	dmont Technical College			
					1		
C. Student's Income Information							
Check ONE that applies:							
Attaching a copy of your signed 2	015 IR	S Tax Return (1040, 10	40A, 1040EZ)				
Attaching copy of your 2015 IRS tax return transcript (Request a copy at <a href="http://www.irs.gov/Individuals/Get-Transcript">http://www.irs.gov/Individuals/Get-Transcript</a> )							
☐ Used IRS Data Retrieval Tool on							
☐ Will not file and are not required		•		, , , , , , , , , , , , , , , , , , ,	,		
Non-filers only: List any income received in				ns issued to you by employe	·s.		
-		Employer's Name		2015 Amount			
				\$			
				\$			
D. Parent(s) Income Information							
Check ONE that applies:							
Attaching a copy of your parents' s	ioned '	2015 IRS Tax Return	. (1040 1040A	1040FZ)			
Attaching a copy of your parents' 20	_				viduals/Get_Transcript)		
☐ Your parent(s) used IRS Data Retri		_		·			
•							
☐ Your parent(s) will not file and are	not rec	juned to me a 2015	U.S. Income 18	ax Keturii. <u>Complete NON</u>	-FILERS Secuon.		



College Official Signature: \_\_\_

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\*\*Please complete in black ink only\*\*

	NON-FILERS Section:							
	1. List any income r	received in 2015. Attach copies of		to you by employers.				
		Source of Income or Emplo	yer's Name	2015 Amount				
				\$				
	2 Chack all that an	mhy		T				
	<u>_</u>	Check all that apply:						
		ve allowed my family to live with th		,				
	☐ I received Federa	al Assistance in 2015. (i.e. TANF, HU	JD, SSI, Medicaid/Medicare, et	C.)				
E. Pare	nt(s) Child Support Paid							
f your p	arent(s) paid child support in	n 2015, complete this section:						
-	Name of Person Who	Name of Person to Whom	Name of Child for Whom	Amount of Child				
	Paid Child Support	Child Support was Paid	Support Was Paid	Support Paid in 2015				
	- ''		''	\$				
				\$				
				\$				
F. Cert	ification and Signatures *	The student and parent must s	ign and date.*					
Student's Signature		Date	WARNING	**Electronic signatures will not be accepted  WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be				
Parent's Signature			sentenced	sentenced to jail, or both.				
		cational Purpose*Must be	signed in presence of co	llege official*				
	ent must appear in person at	t Piedmont Technical College to as, a driver's license, other stat		presenting a valid governmen				
tateme	nt of Educational Purpose:							
certify t	hat I (Print Student's Nam	am the individual s	signing this Statement of Ed	ucational Purpose and that the				
ederal s iedmon		may receive will only be used fo 2017.						
tudent	s Signature			Date				
COLLEGI	E OFFICIAL USE ONLY:							
1 Identi	ity Verified & Copy Maintaine	ed [] Witnessed Student Si	gnature					
, 140110	termed & copy withintame	[] Withessed Student St	Directic					

Date: \_