



Serving Richmond and Scotland Counties

Return to: Financial Aid Office, Richmond Community College, P.O. Box 1189, Hamlet, NC 28345  
Phone 910.410.1726 FAX 910.582.7102

## 2019-2020 Number of Household Members and Number in College - (Independent Student)

List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2019 through June 30, 2020, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2020.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019 and June 30, 2020, include the name of the college. (If more space is needed, provide a separate page with the student's name and ID number at the top).

Full Name	Age	Relationship to Student	Attending college at least ½ time during 19-20	Name of College
		Self	Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	
			Yes or No	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

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

### Certification and Signature

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked:

- (1) to provide information that will verify the accuracy of your completed form
- (2) to provide U.S. or state income tax forms that you filed or are required to file.

You also certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.**

If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by the username and password, and/or any other credential and have not disclosed that username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's SSN

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date