

Anoka-Ramsey Community College				
Financial Aid Office OR 300 Spirit Dr. S Cambridge, MN 55008	Financial Aid Office 11200 Mississippi BLVD NW Coon Rapids, MN 55433			
financialaid@anokaramsey.edu Phone: 763-433-1500				
	53-433-1501			
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2023-2024 Household Size / Number in College Verification Worksheet

Your application was selected for review in a process called verification. In this process, the Financial Aid Office compares information from your FAFSA application with the information requested below. Federal law says we have the right to ask you for this information before awarding federal aid. If there are differences between your application information and your verification documents, the Financial Aid office may send corrections electronically to have your information reprocessed. You should complete verification as promptly as possible to avoid a delay in the processing of your financial aid.

A. Student Information

Last Name First	Name	MI	Student ID Number
B. Family Information			
 Dependent Student (parent required on FAFSA) List the people that your parent(s) will financially between July 1, 2023 to June 30, 2024-include: Yourself Your parent(s) (including step-paren Other children your parent(s) provide prisupport for. Include the other children w completing a 23-24 FAFSA and are required parental information, even if the children the parents. Other people if they now live with and rettan half of their support from your pare continue to receive more than half of the July 1, 2023 to June 30, 2024. (below of fany of the people listed below (excluding the parental program between 	support t) imary financial ho are uired to provid do not live w eceived more nt(s) and will eir support fror on left) parents) will be	List the people tha between July 1, 20 - Yourself - Your spous al - Your depen than half of de - Other peop vith received mo you/your sp more than h to June 30, m (below on	ident children if you provide more their support le if they now live with you and ore than half of their support from bouse and will continue to receive half their support from July 1, 2023 2024. left) east half-time (6 credits of more) in a
are attending. (below on the right)			
Family Information-List Full Name	Age	Relationship	Name of College

Family Information-List Full Name	Age	Relationship	Name of College
		myself	

Each person signing this worksheet certifies that all the information reported on it is complete and correct. If asked by a school official, you agree to give proof of the information given on this form. For dependent students, both student and parent must sign. A wet signature or signature using a stylus is required.

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

Student

Date

Parent (required for dependent students)

Date

Rev 12/22 ARCC and ATC are affirmative action, equal opportunity educators/employers. To receive this information in an alternative format, 763-433-1350.