

IMPORTANT DETAILS ON COMPLETING THIS DOCUMENT

1. To ensure the security of your data, the Financial Aid Office will no longer accept documents via email. We strongly recommend submitting materials in person to our office. Doing so will allow our personnel to check your documents for accuracy and advise if anything additional is needed. In the event that you are unable to visit us in person, you must fax your documents to our office at 828-281-9883. **If you submit documents via fax, complete and include an official Financial Aid Cover Sheet with your submission. The Cover Sheet can be found at abtech.edu / Financial Aid / Forms & Resources. Documents that are submitted via fax without the completed Cover Sheet will not be processed by the Financial Aid Office.**
2. We strongly advise that you type your answers into the fillable fields for clarity.
3. If parent signature is required, parent must hand-sign the document. Digital signatures for parents are not allowed.
4. Do not use a mobile phone to complete this document. Doing so may result in lost data and inaccurate formatting.
5. You must save this document to your computer, or print it immediately, to prevent loss of the data you entered.
6. The fillable fields on this document may not work when opened in the Mozilla Firefox browser. We advise that you complete the form in Internet Explorer or Chrome instead.
7. You must use Adobe Reader to fill out this document across all operating systems and devices. Using the Preview app on Apple desktop, notebook, and iOS devices will result in lost data.

Your application was selected for review in a process called **Verification**. In this process, we will compare the information from your FAFSA application with the information provided on this form, and with any other required documents. By law, we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and the documents you provide, we will submit corrections to the federal processor. We may require additional documentation if we have reason to believe that the information contained in this or any other form submitted to the Financial Aid Office is inaccurate.

STUDENT INFORMATION

Last Name	First Name	Student ID
Mailing Address	City/State/Zip	Date of Birth
Primary Telephone	Email Address	

D. HOUSEHOLD INFORMATION

DEPENDENT STUDENTS, INCLUDE THE FOLLOWING INFORMATION IN THE FORM BELOW:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2018. **Supporting documentation may be requested.**

INDEPENDENT STUDENTS, INCLUDE THE FOLLOWING INFORMATION IN THE FORM BELOW:

- Yourself.
- Your spouse.
- Your children, if any, if you will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the child would be required to provide your information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2018. Supporting documentation may be requested.

DO NOT include the following individuals in the form below **UNLESS** you, and/or your parents, provide 51% or more of their financial support:

- Unrelated individuals, including partners, boyfriends, girlfriends, and roommates
- Distant relatives, such as aunts, uncles, grandparents, and cousins
- Children/siblings age 24 and over

If you include any of the above-referenced individuals in the form below, the Financial Aid Office may request additional documentation to verify that you, and/or your parents, provide more than half of their support.

Full Name	Age	Relationship	Name of College Attending	Will be Enrolled at Least Half Time (Yes or No)
		Self		

CERTIFICATION: EVERYONE MUST SIGN

Each person signing below certifies that all information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined and/or sentenced to jail.

Print Student's Name

Student's ID

Student's Signature

Date

Parent's Signature (Required for dependent students only)

Date