



# Correction to Dependency Status 2017-2018

John Wood Community College  
1301 South 48<sup>th</sup> Street  
Quincy, IL 62305  
FAX 217-221-0778  
financialaid@jwcc.edu

Student's Name: \_\_\_\_\_ Student ID/SSN: \_\_\_\_\_

1) What is your parent's marital status as of the date you filed your FAFSA? (Please check one.)

Never Married   
  Unmarried and both parents living together   
  Married/Remarried  
 Divorced/Separated   
  Widowed

2) Month & Year of the above married, separated, divorced or widowed status \_\_\_\_\_

| 3) Parent 1   | 4) Parent 2   |
|---|---|
| Name:<br><small>(As it appears on your Social Security Card.)</small> | Name:<br><small>(As it appears on your Social Security Card.)</small> |
| Social Security Number:   | Social Security Number:   |
| Date of Birth:  | Date of Birth:  |

5) What is your parent's state of legal residence? \_\_\_\_\_

6) Month & Year your parent(s) became legal residents of this state? \_\_\_\_\_

7) How many people are in your parent's household? (Include yourself and anyone your parent's support over 50%.) \_\_\_\_\_

8) How many people in your parents household will be attending college at least half time (include yourself)? \_\_\_\_\_

9) In 2015 or 2016, did your parent(s) or anyone in your parent(s) household receive benefits from any of the federal benefits programs listed? (Check all that apply)

Supplemental Security Income     
  SNAP (Food Stamps)     
  Free or Reduced Priced Lunch     
  Temporary Assistance for Needy Families (TANF)     
  WIC

10) As of today, is either of your parents a dislocated (unemployed from work) worker? (Please Circle)  
 YES      NO

11) **DO NOT LEAVE THIS SECTION BLANK!** You must report the dollar amount you received/have for each item listed below. If you did not receive/have any monies listed put a "0".

| Student | As of the date you completed your FAFSA.....   | Parent |
|---------|--|--------|
|         | What is your and parent's total cash, savings, and checking Accounts? Do not include student financial aid.  |        |
|         | What was the NET worth of your and parent's investments, Including real estate? Do not include the home you live in.   |        |
|         | What was the NET worth of your and parent's current Businesses and/or investment farms? Do not include a farm that you live on and operate. (Only include net worth of businesses with more than 100 employees.) |        |
|         | Child support received in 2015   |        |
|         | Combat pay or special combat pay   |        |
|         | Child support paid in 2015   |        |
|         | Housing, food and other living allowances paid to members of the clergy, military and others. Do not include on-base military housing.   |        |
|         | Veterans non-education benefits  |        |
|         | Other untaxed income not reported elsewhere such as workers' compensation. Do not include welfare payments, untaxed social security payments, combat pay, etc.   |        |

12) Did your parent file a 2015 tax return? (Circle one) YES NO

**If YES, attach a 2015 tax transcript for your parent(s) and copies of all W2's.**

13) If your parent(s) did not file a 2015 tax return, list all income they had and where it was from:

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**PLEASE READ AND SIGN THIS CERTIFICATION:**

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 from more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you 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 purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Must be signed by a parent whose information is provided on the FAFSA)**