



FLORENCE-DARLINGTON TECHNICAL COLLEGE

CCAMPIS Program | Verification Form

FIRST NAME _____ LAST NAME _____

STUDENT ID# _____ GRADUATION DATE _____ SEMESTER _____

Step 1. Please list # in the household. **You must report accurate amounts.**

| RELATIONSHIP | AGE | FIRST NAME | LAST NAME |
|----------------------|-----|------------|-----------|
| <i>Example: Self</i> | | | |
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Did you and your spouse file a federal income tax return? Yes No N/A

Did you file a federal income tax return? Yes No N/A

Step 2. Please verify family taxable income _____

Please list any other income received such as SNAP Benefits, SSI, Disability, etc.

| NAME | AMOUNT |
|------|--------|
| | |
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| | |

Step 3. Non-Filer Information

I (we) did not file a tax return for the following reason (check one):

- Received no taxable income
- Taxable income received was less than the amount required for filing a tax return
- Other (explain)
- I was or was not claimed as a dependent on my parents' federal tax return

SIGNATURE

DATE

I (we) hereby certify that all information contained in this document, including any attached documentation, is true and complete. I (we) affirm that I (we) have not knowingly provided any false statements or fraudulent documentation. I (we) understand if I (we) am (are) found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my (our) eligibility for Federal and State student aid also will be jeopardized. NOTE: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney's Office.