

Your 2026–2027 FAFSA was selected for a review process called verification. Federal rules require us to confirm the information you submitted before we can award financial aid. We will compare your FAFSA with this verification form and any other documents we request. If we find differences, your FAFSA may need to be corrected. You and the parent listed on the FAFSA must complete and sign this form, attach all required documents, and submit them to us. We may request additional information. If you have questions, please contact us promptly to avoid delays in your aid.

A. Student Information (Please print clearly)

Last Name	First Name	M.I.	ACC Student ID or Social Security Number
Address (include apartment number)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

B. Family Information

List the people in your contributors'/parents' family, and include:

- Yourself, the student (even if you do not live with a parent).
- Your contributors/parents listed on the FAFSA (including contributor's spouse, i.e., step-parent), even if the student does not live with a contributor/parent.
- Your contributors'/parents' other dependent children* if they live with parent or live apart due to a period of temporary absence (e.g., college enrollment) **and** the contributors/parents will **provide more than half** of their support from July 1, 2026 through June 30, 2027.
- Other persons* if they now live with the contributors/parents, **and the contributors/parents provide more than half** of their support and will continue to provide more than half of their support from July 1, 2026 through June 30, 2027.

**The provided criteria for “dependent children” or “other persons” mirror the requirement that family size align with those the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the parent should not include any unborn children in the family size.*

Write the names, ages and relationship of ALL family members in the spaces below.

- In the last column, write in the full name of the college for any listed family/household member who will be attending college **at least half-time** between July 1, 2026 through June 30, 2027 and will be enrolled in a degree or certificate program as a regular student (**do not designate a college if students are in early college or dual enrolled**). If you need more space, attach a separate page or use back of form.

Full Name	Age	Relationship to the student	List College, if attending between 7/1/26 & 6/30/27
		Self	Alpena Community College

C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, sent to prison, or both.

X

Student Signature

Date

X

Contributor/Parent 1 Signature

Date

X

Contributor/Parent 2 Signature

Date

**Return to ACC Financial Aid Office, 665 Johnson Street, Alpena, MI 49707 or Fax to 989-358-7541.
For more information, call 989-358-7286.**