

Your 2026-2027 FAFSA was selected for a review process called verification. Federal rules require us to confirm the information you reported 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 your spouse (if married) must complete and sign this form, attach all required documents, and submit everything 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 family, and include:

- Yourself and your spouse (if applicable), and
- Your dependent children\* if they live with you or live apart due to a period of temporary absence (e.g., college enrollment), and parent provides and will continue to provide **more than half of their support** from July 1, 2026 through June 30, 2027.
- Other persons\* 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 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 student could claim as a dependent on a U.S. tax return if the student were to file a U.S. tax return at the time of completing the 2026-2027 FAFSA. As a result, the student 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 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 the person is 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 Spouse Signature

Date