

Hinds Community College Office of Student Finance 2025-2026 Dependent Verification Form

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The verification process requires Hinds Community College to compare your FAFSA information with the information on all institutional required documents. You must complete and sign this institutional verification document, attach any required documents, and submit all required documents to us. Additional information may be required to resolve conflicting data. **Please add your Hinds ID number to all attached documents.**

. STUD		First Name	M.I.	Phone number	ID Number (REQUIRED)	
	ENT	2023 INCOME TAX	INFORMAT	ION		
1	1. Ta	x Return Filers – Co	mplete this se	ection if the student and/	or the parent filed a 2023 IRS Tax Return.	
Student	/Paren	My parents and I report available to us. we und	ted an accurat derstand that ii	e income amount and used	the IRS Data Transfer on the FAFSA if it was was unavailable or if we chose not to use it, d offer can be confirmed.	
		Income Tax Information Change: A change was made to my and/or my parents' income tax information on the FAFSA. I understand I must provide a copy of our tax transcripts before my aid offer can be confirmed.				
		Unable to Use IRS Data Transfer: I and/or my parents were not able to use the IRS Data Transfer on my FAFSA. I understand I must provide a copy of our tax transcripts before my aid offer can be confirmed.				
		Adjusting Income Information: I and/or my parents were able to use the IRS Data Transfer on my FAFSA but need to adjust my income information. I understand I must schedule an appointment with a Student Finance counselor and provide a copy of our tax transcripts before my aid offer can be confirmed.				
		on Tax Return Filer UIRED to file a 2023 I			nd/or parent will not file and is NOT	
		No Income Earned in 2023: I, the student and/or my parent, did not work and had no income earned from work in 2023. I understand I must provide a copies of our non-filing status letter from the IRS before my aid offer can be confirmed.				
Employed but Not Required to File a Tax Return: I, the student and/or my parent, the student, was employed in 2023, but was not required to file understand we must provide a Wage & Income Statement for each employer listed below aid can be confirmed.						
		Employer'	s Name		2023 Amount Earned	

Email: finaid@hindscc.edu - Contact us: 601-857-3223

ID Number:		
ID Number:		

C. FAMILY INFORMATION - List the people in your household.

PLEASE READ CAREFULLY BEFORE COMPLETING

- 1. **Yourself**, the student.
- 2. **Your Parent**s even if you, the student are not living with them.
 - a. Exclude a parent who is no longer living in the household due to death, separation or divorce.
 - b. Include a parent is on active duty in the Armed Forces apart from the family.
- 3. **Siblings** if all of the following conditions are true:
 - a. They live with your parents (or live away at college)
 - b. They are claimed as a dependent on your parents' U.S tax return.
 - c. They receive more than half of their support from your parents during the award year.
 - Please note that if needed, we may request more information to validate support for other family members.
- 4. **Other Persons** if all of the following conditions are true:
 - a. They live with your parents
 - b. They receive over half of their financial support from your parents
 - c. They will continue to receive more than half of their support from your parents until June 30, 2026.

NOTE: Federal regulations require that all persons listed below as "dependent children" or "other persons" must align with whom 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 2025-2026 FAFSA. As a result, the parent should not include any unborn children in the family size.

Include the **name of the college for any household member**, excluding your parent(s), who will be enrolled, at least halftime in a degree, diploma, or certificate program between July 1, 2025, and June 30, 2026.

If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Name	Age	Relationship	College
		SELF	HINDS CC

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D. CERTIFICATION AND SIGNATURE

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By signing this worksheet, I (we) certify that all the information reported is complete and correct.						
Student Signature:	Date:					
Parent Signature:	Date:					