



Hinds Community College
Office of Financial Aid
2026-2027
Dependent Verification Worksheet

Your 2026-2027 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.**

A. STUDENT INFORMATION

Last Name	First Name	M.I.	Hinds ID# (REQUIRED)
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B. STUDENT 2024 INCOME TAX INFORMATION

1. Tax Return Filers – Complete this section if the student and/or the parent filed a 2024 IRS Tax Return.

Student /Parent

- Filed and Reported Accurately:**
My parents and I reported an accurate income amount and used the IRS Data Transfer on the FAFSA if it was available to us.

- 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 Financial Aid Specialist and provide a copy of our tax transcripts before my aid offer can be confirmed.

2. Non Tax Return Filers – Complete this section if student and/or parent will not file and is NOT REQUIRED to file a 2024 IRS Tax return.

- No Income Earned in 2024:**
I, the student and/or my parent, did not work and had no income earned from work in 2024. I understand I must provide 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, was employed in 2024, but was not required to file a tax return. I understand we must provide a Wage & Income Statement for each employer before my aid can be confirmed.

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

*****PLEASE READ CAREFULLY BEFORE COMPLETING*****

- a. **Yourself**, the student.
- b. **Your Parent**
 - i. Exclude a parent who is no longer living in the household due to death, separation or divorce.
 - ii. Include a parent who is on active duty in the Armed Forces apart from the family.
- c. **Siblings** if all of the following conditions are true:
 - i. They live with your parents (or live away at college)
 - ii. They are claimed as a dependent on your parents' U.S tax return.
 - iii. They receive more than half of their support from your parents during the award year.
 - 1. *Please note that if needed, we may request more information to validate support for other family members.*
- d. **Other Persons** if all of the following conditions are true:
 - i. They live with your parents
 - ii. They receive over half of their financial support from your parents
 - iii. They will continue to receive more than half of their support from your parents until June 30, 2027.

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 2026-2027 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, 2026, and June 30, 2027.

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
		<i>SELF</i>	<i>HINDS CC</i>

D. CERTIFICATION AND SIGNATURE

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

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. We recognize our responsibility to provide an open and welcoming environment that fosters a culture of diversity, equity, and inclusion for employees and students to collaboratively learn, work and serve our communities. The following have been designated to handle inquiries regarding these policies: EEOC Compliance: Office of Human Resources, P.O. Box 1100, Raymond, MS 39154; Phone: 601-857-3396 or Email: EEOC@Hindscc.edu Title IX: Office of Student Services, Title IX Coordinator, P.O. Box 1100, Raymond, MS 39154; Phone: 601-857-3585 or Email: TitleIX@hindscc.edu.

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

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or both.