F A X

Central Piedmont Community College
Financial Aid/Veterans' Affairs Office

PO Box 35009
Charlotte, NC 28235-5009
Visit: http://www.cpcc.edu/financial_aid
Phone: 704.330.6942
Fax: 704.330.5053

CENTRAL PIEDMONT
COMMUNITY COLLEGE

To: Financial Aid/Veterans' Affairs

From: _____ _____
Last Name **First Name**

Student ID Number: _____

DATE: _____ /_____ /_____

PHONE NUMBER:
(_____) _____ - _____

THIS FAX INCLUDES:

Independent Verification Forms

- ☐ Independent Number in Household / College
- ☐ Independent Student / Spouse Income Verification
- ☐ Independent SNAP (Food Stamp) Verification
- ☐ Independent Child Support Paid Verification
- ☐ Verification of Other Untaxed Income – Independent
- ☐ Signature for Corrections to the Free Application for Federal Student Aid (FAFSA)

Dependent Verification Forms

- ☐ Dependent Number in Household / College
- ☐ Dependent Student Income Verification
- ☐ Dependent Parents' Income Verification
- ☐ Dependent SNAP (Food Stamp) Verification
- ☐ Dependent Child Support Paid Verification
- ☐ Verification of Other Untaxed Income – Dependent
- ☐ Signature for Corrections to the Free Application for Federal Student Aid (FAFSA)

Other Forms or Requested Documents

- ☐ Signature Requirements for the Free Application for Federal Student Aid (FAFSA)
- ☐ Verification of High School Completion Status form
- ☐ Parent / Student / Spouse Tax Return Transcript Year: _____
- ☐ Parent / Student / Spouse Wage & Income Transcript or W2 forms, Year: _____
- ☐ Independent Because (Proof of Dependents) form and documents
- ☐ Verification of Bachelor's Degree form
- ☐ Appeal Form, Semester Appealing: _____
- ☐ Professional Judgment form and documents
- ☐ Dependency Override Request form and documents
- ☐ Other: _____

Comments:

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