



## Tohono O'odham Community College Parent(s) Household Size/# in College Worksheet 2024-2025 Academic Year

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education (DOE) in a process called Verification. As a result, we are required to confirm some of the information reported on your FAFSA. Please complete, sign, date and return this form to our office as quickly as possible. If there are changes needed to your FAFSA, we will make those corrections and you will receive a new Student Aid Report at the email address you listed on your FAFSA. Once our Verification review is complete, we will then be able to determine your eligibility for federal aid for the 2024-2025 academic year. If you have questions, our contact information is listed at the bottom of this form.

### A. Student Information

Last Name	First Name	M.I.	TOCC ID Number
Address (include apt number)			Date of Birth
City	State	Zip Code	Phone Number (include area code) Can you receive a text at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address			

### B. Parent Household Information

List the people in your parent(s)' household.

Full Name, Age, Relationship:

- Yourself (Complete your information in the line with "Self")
- Your parent(s)/stepparent(s) who submitted information on the FAFSA, even if you do not live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from **July 1, 2024, through June 30, 2025**, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. Including children who meet either criteria, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through **June 30, 2025**.

College:

- Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between **July 1, 2024, and June 30, 2025**.
- If more space is needed, please use the back of this form.
- Do not complete the "College" column for any parent(s) or stepparent(s).

Full Name	Age	Relationship	College
<i>Missy Jones</i> <i>(Example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>
		<b>Self</b>	

(This is a 2 page form. Please complete the second page.)

**C. Certification and Signatures**

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student must sign and date. At least one parent must sign and date.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**Submit this worksheet to the Financial Aid Office at Tohono O’odham Community College.**

**TOCC LOCATION: S-cuk Du’ag Maşcamakuđ**

**TOCC MAILING ADDRESS: P.O. Box 3129 Sells, AZ 85634**

**TOCC PHONE NUMBER: 520.479.2312**

**TOCC EMAIL: [finaid@tocc.edu](mailto:finaid@tocc.edu)**

**TOCC FAX: 520.383.8403**

*Please make a copy of this worksheet for your records.*