



OFFICE OF STUDENT FINANCIAL AID
CENTRAL CAROLINA COMMUNITY COLLEGE
Hockaday Building, Lee Main Campus
1105 Kelly Drive
Sanford, NC 27330

T 919.718.7229
F 919.718.7410

Email: finaid@cccc.edu
Website: cccc.edu/financialaid

Student Name:	
CCCC Student ID:	
Telephone Number:	(____)-(____)-(____)

Head of Household Worksheet-Parent

On your FAFSA you answered a question concerning your marital status. Your FAFSA or other documents submitted indicates that your parent(s) are married, but according to your parent(s) income tax return one or both of your parent(s) filed "Head of Household". Due to the conflict in information, we are required to follow up and obtain clarification from you. Additional information can be found in the IRS Publication 17 and/or Publication 501 which outlines the requirements for filing as a "Head of Household" status.

One or both of your parent(s) may be able to file as "Head of Household" if one or both of your parent(s) meet ALL of the following requirements.

1. Your parent(s) are "unmarried" or "considered unmarried" on the last day of the year 2015.
2. Your parent(s) are considered unmarried on the last day of the tax year if you meet ALL of the following:
 - a. You file a separate return, and
 - b. You paid more than half of the cost of keeping up your home for the tax year, and
 - c. Your spouse did not live in your home during the last 6 months of the tax year. Your spouse is considered to live in your home even if he or she is temporarily absent due to special circumstances, and
 - d. Your home was the main home of your child, stepchild, or eligible foster child for more than half of the year, and
 - e. You must be able to claim an exemption for the qualifying child.
3. A "qualifying person" lived with you for more than half of the year (except for temporary absences, such as school). However if the "qualifying person" is your dependent parent, he or she does not have to live with you.

Please review the instructions below:

If your parent(s) ***should not have*** filed as "Head of Household", your parent(s) will need to re-file their 2015 taxes and submit the following to our office:

1. File and amended 2015 IRS Income Tax Return to correct your filing status.
2. Submit to the Financial Aid Office:
 - A signed copy of the original 2015 IRS Tax Return or 2015 IRS Tax Return Transcript ***AND***
 - A signed copy of the 1040X amended 2015 IRS Tax Return

If your parent(s) feel that they meet the conditions for filing the 2015 IRS Income tax return as "Head of Household", complete the next page, provide supporting documentation, and return the form to our office with both the student and parent signatures.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.



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	Parent I Information	Parent II Information
Please provide the address where each parent lived for the last 6 months of 2015. Include the full address. Please provide supporting documentation if possible. P.O. Boxes are not acceptable addresses for this purpose.	Address: _____ _____ City: _____ State: _____ Zip Code: _____	Address: _____ _____ City: _____ State: _____ Zip Code: _____
Were your parents married as of December 31, 2015- or were they considered separated/divorced as of December 31, 2015 Please provide supporting documentation.	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Did each parent pay for more than half the cost of keeping up a home for 2015? Please provide supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did a qualifying person live with your parent in either home for more than half of 2015? Please provide the person's name and relationship to the parent.	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship to You: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship to You: _____

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

Parent Signature

Date

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