

Financial Aid Office 2016-2017 VERIFICATION WORKSHEET Federal Student Aid Programs

V6 Resources Verification

Your application was selected for review in a process called "Verification". In this process, the financial aid office will compare information from your FAFSA with your 2015 IRS tax information. The law gives the college the right to ask you for this information before awarding Federal aid. If there is a difference between your FAFSA and IRS tax information, the college will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The Financial Aid Office cannot process your application without this information.

Last Name	First Name	M	Social s	security number	
Date of birth Phone number (include as Dependent Student*		e area code)	Student	ID number	
		□ Independent Student**			
List the people in your parent(s)' household Including:		List the peo	List the people in your household Including:		
 Yourself and your payou don't live with you children, even if the your parents will produly 1, 2016, throug be required to provid applying for Federal 	chi sup n if tl ld rec	 Yourself and your spouse if you have one, and your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017 even if they do not live with you, or if the child would be required to provide your information as the parent if they were applying for Federal Student Aid, and 			
parents provide mor	now live with your parents and your re than half of their support and will more than half of their support from July ie 30, 2017	 Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016, through June 30, 2017 			
	ed dependent if he/she was required			I independent if he/she was not national information on the FAFSA.	
◆ Family Infor	mation				
Full N	ame Age	Relationship	to Student	College	
Tull 1	niic ngc	remaininp	to Student	Conege	

Note: Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least <u>half</u> <u>time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016 and June 30, 2017. If more space is needed, attach a separate page with your name and Social Security Number at the top.

❖ Student – Tax and Income Information

Check	only one box below.				
☐ I us	sed the IRS Data Retrieval Too	l in FAFSA.			
☐ I aı	m attaching a signed copy of 20	015 IRS Tax Transcript – recei	ved from the IRS.		
	ill not file and are not required t ned from the Internal Revenue S		Return & I am attaching a 2015	, IRS Non-File	r form and all W-2s
	Parent(s) or Spouse	e – Tax and Income In	formation		
☐ Pa	conly one box below. rents or Spouse used the IRS E		Transcript – received from the I	RS.	
and al	Il W-2s obtained from the Intern Additional Income I	al Revenue Service. nformation	U.S. Income Tax Return & I an		
You n	nust complete the following if yo	ou filed a tax return. Please ref	fer to your tax return under the r	espective line	
	De	Description and Line Numbers		Student	Parents or
		scription and Line Numbers		Student	Spouse
	A deductions and payments to s	elf-employed SEP, SIMPLE, a	and Keogh and other qualified	Student	
pla	A deductions and payments to s ns from IRS Form 1040- line 2 x exempt interest income from I	elf-employed SEP, SIMPLE, a 8+ line 32 or 1040A – line 17	·	Student	
pla Tax Unt	ns from IRS Form 1040- line 2 x exempt interest income from I taxed portions of IRA distributions (11a minus 11b). Exclude ro	elf-employed SEP, SIMPLE, a 8+ line 32 or 1040A – line 17 RS Form 1040 – line 8b or 10 ns form IRS Form 1040 – line bllover. If negative, enter zero	040A – line 8b es (15a minus 15b) or 1040A – nere	Student	
Untiline	ns from IRS Form 1040- line 2 x exempt interest income from I taxed portions of IRA distribution es (11a minus 11b). Exclude rot taxed portions of pensions from ta minus 12b) Exclude rollover.	pelf-employed SEP, SIMPLE, a 8+ line 32 or 1040A – line 17 RS Form 1040 – line 8b or 10 ns form IRS Form 1040 – line ollover. If negative, enter zero l IRS Form 1040 – lines (16a If negative, enter zero here	040A – line 8b es (15a minus 15b) or 1040A – here minus 16b) or 1040A – lines	Student	
Unit line (12	ns from IRS Form 1040- line 2 x exempt interest income from I taxed portions of IRA distribution es (11a minus 11b). Exclude rotaxed portions of pensions from	pelf-employed SEP, SIMPLE, a 8+ line 32 or 1040A – line 17 RS Form 1040 – line 8b or 10 ns form IRS Form 1040 – line billover. If negative, enter zero lines (16a If negative, enter zero here portunity and Lifetime Learning	040A – line 8b es (15a minus 15b) or 1040A – here minus 16b) or 1040A – lines	Student	
Unit line Unit (12 Edu 104	ns from IRS Form 1040- line 2 x exempt interest income from I taxed portions of IRA distributions (11a minus 11b). Exclude rotaxed portions of pensions from taxed portions of pensions from taxed portions - American Opputation Credits - American Opputation - Iine 49, or 1040A - Iine 31	relf-employed SEP, SIMPLE, a 8+ line 32 or 1040A – line 17 RS Form 1040 – line 8b or 10 Ins form IRS Form 1040 – line bllover. If negative, enter zero lines (16a If negative, enter zero here bortunity and Lifetime Learning	page 15a minus 15b) or 1040A – here minus 16b) or 1040A – lines Tax Credit from IRS Form		Spouse

If more space is needed, please attach a separate page with your name and Student ID number at the top.

B.	Supplemental Nutrition Assistance Program (SNAP) Did you, your parent, or anyone in your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, at any time during the 2015 or 2016 calendar year?					
	No Yes – If asked by the school I will provide documentation of the red during the 2015 and/or 2016 calendar year.	ceipt of SNAP benefits				
C.	Other Untaxed Income					
	☐ I/We DID NOT receive any non-taxable 2015 income.					
	·	FOTAL FOR 2015)				
D.	Check each source of non-taxable income if applicable :					
	Child support received	\$				
	Housing, food and other living allowances paid to members of the military, clergy and others	\$				
	Veterans non-education benefits	\$				
	Other untaxed income (Food Stamp, SSI, SSA)	\$				
	Money received or paid on the applicant's behalf	\$				
	Total	\$				
E.	If you had low income in 2015 (less than \$3,000 per person) please explain how you met your living 1, 2015 through December 31, 2015. Documentation such as benefit statements, bank statements, as who provided support will be required.	-				
F.	Certification and Signatures: Each person signing this worksheet certifies that all of the information report correct. If dependent, the student and one parent must sign and date this worksheet. Student's Signature Date	rted on it is complete and				
	Parent's Signature (if dependent) Date					
W	ARNING: If you purposely give false or misleading information on this worksheet, you may be fined, b	e sentenced to jail, or				

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school