

## 2017-2018 Verification

### V6- Independent Household Resources

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “verification.” In this process, the Financial Aid Office compares the information provided on this form to the information you provided on your FAFSA. If there are differences your FAFSA data may be corrected.

**Return this form as soon as possible to avoid delays in receiving your financial aid.**

**A. STUDENT INFORMATION**

|                     |            |      |              |
|---------------------|------------|------|--------------|
| Student’s Last Name | First Name | M.I. | Student ID#  |
| Student’s Address   |            |      | Phone Number |

**B. FAMILY INFORMATION**

List all the people in your household who will be supported by you between July 1, 2017 and June 30, 2018.

Be sure to include:

- **Yourself**, even if you don’t live with your parent(s)
- **Your spouse**, if you are married
- **Your children**, if any, if you will provide more than half of their support from 7/1/2017 through 6/30/2018.
- **Other children or other people**, If they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from 7/1/2017 through 6/30/2018.

**DO NOT INCLUDE CHILDREN FOR WHOM A LISTED PARENT PAYS CHILD SUPPORT.  
DO NOT INCLUDE FOSTER CHILDREN**

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 7/1/2017, and 6/30/2018.

| Full Name                    | Age       | Relationship  | College                    | Will be Enrolled at Least Half Time |
|------------------------------|-----------|---------------|----------------------------|-------------------------------------|
| <i>Missy Jones (example)</i> | <i>18</i> | <i>Sister</i> | <i>Central University</i>  | <i>Yes</i>                          |
|                              |           | <i>Self</i>   | <i>Heritage University</i> |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |
|                              |           |               |                            |                                     |

**C. CHILD SUPPORT PAID**

Did a person listed in section B above pay child support in 2015?    YES     NO     If YES, fill in the box below.

**DO NOT INCLUDE CHILDREN LISTED ABOVE**

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--------------------------------------|
| <i>Marty Jones</i>                    | <i>Chris Smith (example)</i>                  | <i>Terry Jones</i>                      | <i>\$6,000.00</i>                    |
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |

**D. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM**

Were you eligible to receive SNAP benefits (food stamps) in 2015 and/or 2016?    YES     NO

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

**E. INCOME INFORMATION**

If you or your spouse did not file a 2015 Federal Tax Return please complete section F below.

**TAX RETURN STATUS**

**Check the appropriate box:**

- 1. Completed the IRS Data Retrieval Tool process on FAFSA on \_\_\_\_\_, 20\_\_\_\_
- 2. 2015 Federal Tax Return Transcript is attached
- 3. 2015 Federal Tax Return Transcript will be submitted by \_\_\_\_\_, 20\_\_\_\_
- 4. Filed an IRS Tax Extension. I have or will attach a copy of the IRS Tax Extension form 4868, and IRS W-2's forms provided by all of my employers.
- 5. Filed an Amended Tax Return and attached are both a signed copy of the 2015 Amended Tax Return (form 1040X) and the original 2015 Tax Return
- 6. Did not file a 2015 Federal Tax Return and was not required to file. **Must complete section F. below**

**Students**

**OTHER UNTAXED INCOME**

**Spouse**

**Do not leave any items blank. If the item is zero (0), write a zero (0).**

|          |  |          |
|----------|--|----------|
|          | Payments to tax-deferred pension and retirement savings plans (e.g., 401 (k) or 403 (b) plans), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. | \$ _____ |
| \$ _____ | Child support received for any of your children. <b>Don't include foster care or adoption payments.</b>  | \$ _____ |
| \$ _____ | Housing, food and other living allowances paid to members of military, clergy and others. Don't include the value of on-base military housing or the value of a basic military allowance for housing                   | \$ _____ |
| \$ _____ | Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.  | \$ _____ |
| \$ _____ | Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.   | \$ _____ |
| \$ _____ | Any other untaxed income and benefits not reported elsewhere such as workers' compensation, disability, untaxed portions of health savings account from IRS Form 1040 Line 25, etc.                                    | \$ _____ |

**F. NON-FILERS STATEMENT & INCOME**

Complete this section **ONLY** if you or your spouse did not file a 2015 Federal Tax Return and were not required to file. List any wage or non-wage income received in 2015 and provide copies of all W-2 forms and/or supporting financial earning statements.

| 2015 Students' Amount Earned | SOURCE                          |
|------------------------------|---------------------------------|
| \$2,000.00 (EXAMPLE)         | Suzy's Auto Body Shop (EXAMPLE) |
|                              |                                 |
|                              |                                 |
|                              |                                 |
| 2015 Spouses' Amount Earned  | SOURCE                          |
| \$2,000.00 (EXAMPLE)         | Suzy's Auto Body Shop (EXAMPLE) |
|                              |                                 |
|                              |                                 |
|                              |                                 |

**If we have reason to believe any information on this worksheet is inaccurate, we may require additional documentation.**

**G. Certification and Signature:**

Each person signing this worksheet below certifies that all of the information reported on it is complete and correct.

|   |      |
|---|------|
| Student's Signature ( <b>Required</b> ) | Date |
| Spouse's Signature ( <b>Optional</b> )  | Date |

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