1200 Amburn Road • Texas City, TX 77591 (409) 933-8274 fax (409) 933-8015

DV5

2016–2017 Verification worksheet

Your 2016–2017 FAFSA was selected for a process called verification. As required by law, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA and the information provided we may make corrections.

Student's Last Name	First Name M.I.	Student's ID Number
Student's Street Address (include apt. no.)		Student's Date of Birth
City State Zip Code		Student's Email Address
Student's Home Phone No	umber (include area code)	Student's Alternate or Cell Phone Number

B. HOUSEHOLD INFORMATION

STUDENT'S INFORMATION

List below the people in the parents' household. Include:

- The student and the parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

For any household member (excluding parents) who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least
				Half Time
				(Yes or No)
		Self	COLLEGE OF THE MAINLAND	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

C. **HIGH SCHOOL COMPLETION STATUS** Students must provide one of the following documents to the Admissions Office that indicate the student's high school completion status when the student will begin college in 2016-2017: A copy of the high school diploma or a copy of the final official high school transcript that shows the date when the diploma was awarded. A copy of the student's General Educational Development (GED) certificate or GED transcript or recognized equivalent of a HS diploma. An official academic transcript of a student who has successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree, or □ Student excelled academically in HS and has met all the criteria to be admitted to a 2-year degree program or higher-must submit official documentation. Note: If student completed high school as homeschooled, a transcript or the equivalent, signed by the parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting must be submitted to the Admissions Office for evaluation. The student will not be eligible for financial aid if the Admissions Office determines that the school or transcript is not valid or the equivalent of a high school diploma. D. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE IMPORTANT: To Be Signed at the Institution The student must appear in person at COLLEGE OF THE MAINLAND to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following: I certify that I am the individual signing this Statement of Educational Purpose (Print Student's Name) and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **COLLEGE OF THE MAINLAND** for 2016–2017. STUDENT'S INCOME TO BE VERIFIED Check the box that applies. The student has used the IRS Data Retrieval Tool on the FAFSA. The student is submitting a 2015 IRS Tax Return Transcript AND all W2s. TAX RETURN NONFILERS- Complete this section if the student will not file or is not required to file a 2015 income tax return with the IRS. The student was not employed and had no income earned from work in 2015. The student was employed in 2015 but did not or will not file a tax return because he/she is not required. List below the names of all employers, the amount earned from each employer in 2015 must attach W-2 form for each employer. (If more space is needed, provide a separate page with the student's name and ID number at the top.)

(If more space is nected, provide a separate page with the student's name and its number at the top.)		
Employer's Name	2015 Amount	
	Earned	
Suzy's Auto Body Shop (example)	\$2,000.00	

Student's nai	me:		(COM ID:	DV	' 5
F. PARENT	's income to i	BE VERIFIED				
Class la 4	la a la aug tla at aussali					
	he box that appli	S Data Retrieval Tool on the <i>FAFSA</i> .				
_		a 2015 IRS Tax Return Transcript AND) all 11/2 a			
The paren	is are submitting	a 2015 IKS Tax Return Transcript ANL) an w 2s.			
The	e parent(s) was n	S – Complete this section if the student wood employed and had no income earned mployed in2015 but did not or will not	d from work in 20	15.		e IRS.
		all employers, the amount earned from			orm for each employer.	
	if more space is ne	eded, provide a separate page with the stude	ent's name and ID nu		7	
		Employer's Name		2015 Amount		
	1 4 (D 1 G1			Earned	-	
Suz	y's Auto Body Sh	op (example)		\$2,000.00	4	
<u> </u>					_	
G. CHILD	SUPPORT Complete the i	ecause no one in household received the	sehold paid or rece	eived child support in 201		
		eeded, provide a separate page that incl				7
	son Who Paid	Name of Person to Whom Child	Name of Child f	for Whom Support Was	Amount Paid or	
Child S	Support	Support was Paid		Paid	Received in 2015	
						-
Copies of sta		ntation, such as: orney General's office, child support pa al receiving the child support certifyin	•	•		_
H. CERTIFI	CATION AND SI	GNATURE		WARNING: If you purpos misleading information y be sentenced to jail, or b	ou may be fined,	
ach person signi	ng below certifie	s that all of the information reported is	complete	are contoniosa to jun, or b		
		parent whose information was reported	d on			
he FAFSA must s	ign and date.					
tudent's Signatur	re	Stude	ent's ID Number		Date	
arent's Signature	e (required)		Date			