

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

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 N	rumber (include area code)	Student's Alternate or Cell Phone Number		

B. HOUSEHOLD INFORMATION

Student's Information

A.

- The student and the student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides 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 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.	STUDENT'S INCOME TO BE	<u> VERIFIED</u>				IV.				
	Check the box that applic	es.								
		The student has used the IRS Data Retrieval Tool on the <i>FAFSA</i> .								
		The student has used the RS Data Retrieval 160f of the 174134. The student is submitting a 2015 IRS Tax Return Transcript AND all W2s.								
	The blacent to bublishing a	2010 IKO TUK KETUTI TITUKETIPI TUKE E	AII 11 25.							
	TAX RETURN NONFILERS	S - Complete this section if the student v	will not file or i	s not required to file a 2014	income tax return with th	ie IRS.				
	☐ The student was not emp	loyed and had no income earned from	work in 2015.							
	The student was employed	ed in 2015 but did not or will not file a	tax return beca	nuse he/she is not required.						
	List below the names of a	all employers, the amount earned from	each employer	in 2015 must attach W-2 fo	rm for each employer.					
	(If more space is no	eeded, provide a separate page with the stud	lent's name and I	D number at the top.)	_					
		Employer's Name		2015 Amount						
				Earned						
	Suzy's Auto Body Sho	pp (example)		\$2,000.00						
]					
D.	Program or SNAP (forme Yes- Must provide a s	se certifies that a member of the studen rly known as the Food Stamp Program) igned statement by applicant affirming ecause no one in household received th	sometime duri	ng 2014 or 2015. received by someone in the h						
E.	-	nformation below if student and/or spo ed, provide a separate page that include			top.					
	Name of Person Who Paid	Name of Person to Whom Child	Name of Chi	ld for Whom Support Was	Amount Paid or	7				
	Child Support	Support was Paid		Paid	Received in 2015					
		<u> </u>								
N 111	st provide verification documen	atation such as								
	•	orney General's office, child support pa	nyment checks	or money order receints						
•	_	al receiving the child support certifying	-							
F.	CERTIFICATION AND SIGNATURE			WARNING: If you purposely give false or						
				misleading information you may be fined, be sentenced to jail, or both.						
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on				be sentenced to jan, or both.						
		parent whose information was reported	a on							
me	FAFSA must sign and date.									

Student's ID Number

Student's Signature

Date