

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

## B. HOUSEHOLD INFORMATION

STUDENT'S INFORMATION

- 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.

## 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.) Employer's Name 2015 Amount Earned

Employer's Name	2015 Amount
	Earned
Suzy's Auto Body Shop (example)	\$2,000.00

## D. OTHER UNTAXED INCOME

If any item does not apply enter "N/A", where a response is requested or enter "O" if amount is requested.

NAME OF PERSON WHO HAD UNTAXED INCOME	TYPE OF UNTAXED INCOME RECEIVED	STUDENT AMOUNT	SPOUSE AMOUNT
	Money received or paid on		
	student/spouse behalf		
	Payments to tax-deferred pension and		
	savings plans		
	Housing, food, and other living		
	allowances paid to military members,		
	clergy		
	Veterans noneducation benefits		
	Other untaxed income		

Other Untaxed Income includes: untaxed income not reported elsewhere on this form, workers' compensation, disability black lung benefits, untaxed portions of health savings accounts from IRS form 1040- line 25, railroad retirement benefits, etc.

**Do not include**: student aid, earned income credit, additional child tax credit, TANF, untaxed social security benefits, SSI, combat pay, benefits from flexible spending accounts, foreign income exclusion or credit for federal tax on special fuels.

E. SNAP BENEFITS
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The student and/or spouse certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance
Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015.
Yes- Must provide a signed statement by applicant affirming SNAP benefits received by someone in the household during 2014 and/or 2015.
No- Does not apply because no one in household received this benefit during 2014 and/or 2015.

F. CHILD SUPPORT  Complete the information below if student and/or spouse paid or received child support in 2015.  If more space is needed, provide a separate page that includes the student's name and ID number at the top.  Name of Person Who Paid Name of Person to Whom Child Name of Child for Whom Support Was Amount Child Support Support was Paid Paid Received  Must provide verification documentation, such as:  Copies of statements from Attorney General's office, child support payment checks or money order receipts.  A statement from the individual receiving the child support certifying the amount of child support paid.
If more space is needed, provide a separate page that includes the student's name and ID number at the top.  Name of Person Who Paid Name of Person to Whom Child Name of Child for Whom Support Was Amount Child Support Support was Paid Paid Received  Must provide verification documentation, such as:  Copies of statements from Attorney General's office, child support payment checks or money order receipts.
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A statement from the individual receiving the child support certifying the amount of child support paid.
S. <u>CERTIFICATION AND SIGNATURE</u> WARNING: If you purposely give false misleading information you may be fin
ach person signing below certifies that all of the information reported is complete be sentenced to jail, or both.
and correct. The student and one parent whose information was reported on
the FAFSA must sign and date.

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