

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

2017–2018 Verification worksheet

Your 2017–2018 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

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, 2017, through June 30, 2018, 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, 2018.

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, 2017, and June 30, 2018, 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 VERIFIED

	3. Data Retrieval Tool on the <i>FAF</i> , 2015 IRS Tax Return Transcript				
TAX RETURN NONFILERS-	- Complete this section if the str	udent will not file or is not r	equired to file a 2014	income tax return wi	th the IRS
_	oyed and had no income earned in 2015 but did not or will no		e/she is not required.		
List below the names of all	employers, the amount earned	from each employer in 201	15 must attach W–2 fo	orm for each employe	r.
(If more space is nee	eded, provide a separate page with	the student's name and ID num	ber at the top.)		
·	Employer's Name		2015 Amount]	
			Earned		
Suzy's Auto Body Shop	o (example)		\$2,000.00		
				1	
D. CERTIFICATION AND Each person signing below ce The student and one parent w	rtifies that all of the infor	-	-		
Student's Signature		Student's ID Number		Date	
	WARNING: If you purposely be sentenced to jail, or both	give false or misleading in	formation you may be	e fined,	