

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

## 2018-2019 Verification worksheet

Your 2018–2019 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.

A. Student's Information		
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 Number (include area code)	Student's Alternate or Cell Phone Number	

## B. HOUSEHOLD 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, 2018, through June 30, 2019, 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, 2019.

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, 2018 and June 30, 2019, 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.

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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

Check the box that applies.  The student has used the IRS Data Retr  The student is submitting a 2016 IRS T						
TAX RETURN NONFILERS- Complete this section if the student will not file or is not required to file a 2016 income tax return with the IRS.						
	had no income earned from work in 2016. but did not or will not file a tax return because	he/she is not required.				
List below the names of all employer	rs, the amount earned from each employer in 20	016 must attach W-2 form for each employer.				
(If more space is needed, provide	de a separate page with the student's name and ID nur	mber at the top.)				
· · · · · · · · · · · · · · · · · · ·	Imployer's Name	2016 Amount Earned				
Suzy's Auto Body Shop (example	e)	\$2,000.00				
D. CERTIFICATION AND SIGNA						
Each person signing below certifies the	nat all of the information reported is con	mplete and correct.				
The student and one parent whose in	formation was reported on the FAFSA m	nust sign and date.				
Student's Signature	Student's ID Number	Date				
	NG: If you purposely give false or misleading i	information you may be fined,				