

## 2015–2016 Verification worksheet

Your 2015–2016 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

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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. 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, 2016.

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, 2015, and June 30, 2016, 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)
		<i>Self</i>	<i>COLLEGE OF THE MAINLAND</i>	

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 Retrieval Tool on the FAFSA.
- The student is submitting a 2014 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 2014 income tax return with the IRS. In addition, student MUST contact the IRS and request verification of non-filing status.

- The student was not employed and had no income earned from work in 2014.
- The student was employed in 2014 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 2014 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	2014 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>

**D. PARENT'S INCOME TO BE VERIFIED**

Check the box that applies.

- The parent has used the IRS Data Retrieval Tool on the FAFSA.
- The parents are submitting a 2014 IRS Tax Return Transcript AND all W2s.

**TAX RETURN NONFILERS**– Complete this section if parents will not file or is not required to file a 2014 income tax return with the IRS. In addition, Parents MUST contact the IRS and request verification of non-filing status.

- The parent(s) was not employed and had no income earned from work in 2014.
- The parent(s) was employed in 2014 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 2014 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	2014 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>

**E. SNAP BENEFITS**

The student and/or parent 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 2013 or 2014.

- Yes- Must provide documentation of the receipt of SNAP benefits during 2013 and/or 2014 is provided.
- No- Does not apply because no one in household received this benefit.

**F. Other Untaxed Income**

If any item does not apply enter "N/A", where a response is requested or enter "0" if amount is requested.

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

**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.

**G. Child Support**

Complete the information below if parents in the household paid or received child support in 2014.

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 Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount Paid or Received in 2014

Please provide verification documentation, such as:

- Copies of statements from Attorney General's office, child support payment checks or money order receipts.
- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support paid.

**H. Certification and Signature**

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 the FAFSA must sign and date.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (required)

\_\_\_\_\_  
Date