

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

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
Student's Street Address (metude 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· <u>Household Information</u>	
List below the people in the students' household. Include:	
• The student and the student's spouse, if the student is man	rried.
The student's or spouse's children if the student or spouse even if the children do not live with the student.	e will provide more than half of their support from July 1, 2015, through June 30, 2016,
• Other people if they now live with the student and the stu	adent or spouse provides 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 who will be enrolled at least half t	ime 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 stud	ent's name and ID number at the top.

1 '1 1	1 0			
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 app	lies₁			
	==	IRS Data Retrieval Tool on the FAFSA.			
	The student is submitting	a 2014 IRS Tax Return Transcript AND	all W2s.		
	TAX RETURN NONFILE	RS - Complete this section if the student	t will not file or is	not required to file a 2014	I income tax return with the II
		JST contact the IRS and request verifica		_	
		nployed and had no income earned fror			
		yed in 2014 but did not or will not file		_	
	List below the names of	f all employers, the amount earned fron	n each employer i	in 2014 must attach W-2 f	orm for each employer.
	(If more space is	needed, provide a separate page with the stu	udent's name and II	O number at the top.)	
	Ì	Employer's Name		2014 Amount	
				Earned	
	Suzy's Auto Body Sho	op (example)		\$2,000.00	
D∙ <u>5</u>	NAP BENEFITS				1 NVtiti Ai.t
	_	use certifies that a member of the stude			applemental Nutrition Assistan
	- Trogram or SNAP (torn	nerly known as the Food Stamp Progran	n) sometime duri	ng 2013 or 2014.	
	Yes- Must	provide documentation of the receipt of	of SNAP benefits d	luring 2013 and/or 2014 i	s provided.
	No. Door	not apply because no one in household	raceived this ban	ofit	
	No- Docs	not apply because no one in nousehold	received this being	CIII.	
E. C	hild Support				
<u> </u>		information below if student and/or sp	ouse paid or rece	ived child support in 2014	:.
	_	ded, provide a separate page that include			
Naı	me of Person Who Paid	Name of Person to Whom Child	1	for Whom Support Was	Amount Paid or
	Child Support	Support was Paid		Paid	Received in 2014
Please	provide verification docun	nentation, such as:			
• Co	opies of statements from A	ttorney General's office, child support p	payment checks o	r money order receipts.	
		reement or divorce decree that shows the			
• A	statement from the individ	dual receiving the child support certifyi	ing the amount of	child support paid.	
				WARNING: If you purpo	selv give false or
F· <u>Certification and Signature</u>			WARNING: If you purposely give false or misleading information you may be fined,		
Each p	erson signing below certifi	ies that all of the information reported	is complete	be sentenced to jail, or	both.
_		e parent whose information was report	_		
the FA	FSA must sign and date.	-			
Studen	t's Signature	Stu	dent's ID Number	r	Date