

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· <u>Student's Inform</u>	<u>nation</u>				
Student's Last Name First Name M.I.			Student's ID Number		
Student's Street Address (inclu	ade apt. no.)		Student's Date of Birth		
City State Zip Code			Student's Email Address		
Student's Home Phone Numb	er (include area code)		Student's Alternate or Cell Ph	one Number	
B· <u>Household Inform</u>	nation				
even if the children do n Other people if they now than half of their support	ent's spouse, if the student children if the student of live with the student valive with the student at through June 30, 2017 tho will be enrolled at 1 June 2 June 1 June 2 June 2 June 2 June 3 Jun	or spouse will produce or spouse will produce or one of the student or 6. east half time in a 30, 2016, include	·	r support and will continue to	provide more
Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time	
		Self	COLLEGE OF THE MAINLAND	(Yes or No)	
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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

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	Check the box that applies.		
The	e student has used the IRS Data Retrieval Tool on the FAFSA.		
The	e 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	t required to file a 2014	income tax return with the IRS.
]	in addition, student MUST contact the IRS and request verification of non-filing sta	itus.	
	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 2	014 must attach W-2 f	form for each employer.
	(If more space is needed, provide a separate page with the student's name and ID nu	umber at the top.)	_
	Employer's Name	2014 Amount	
		Earned	
	Suzy's Auto Body Shop (example)	\$2,000.00	
			1

D. 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	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.

F. 5	NAP	BEN	EFITS
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P BENEFITS
The student and/or spouse certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance
rogram 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.

Student's name:		COM ID:			IV6
F· <u>Child Support</u>					
	e information below if student and/or s s needed, provide a separate page that		_		
Name of Person Who Paid	Name of Person to Whom Child				
Child Support	Support was Paid		Paid		
Naga manida manidi asti an da am	nautation avalence				
Please provide verification documents from A	nemation, such as: attorney General's office, child support	navment checks or n	nonev order receints		
_	reement or divorce decree that shows t	= -	-		
	dual receiving the child support certify				
9. <u>Certification and Signature</u>			WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.		
	ies that all of the information reported ne parent whose information was repor	-			
the FAFSA must sign and date.	le parent whose information was repor	ied on			
C					
Student's Signature		udent's ID Number		——————————————————————————————————————	
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