

## 2016-2017 V6 Verification Form

The Department of Education has selected your FAFSA for a review process called *verification*. In this process, the financial aid office will be comparing information from your FAFSA with this worksheet and your IRS Data. Federal regulations require colleges to ask for this information before disbursing federal aid. If there are differences between your application and the documents you provide, your FAFSA information will need to be corrected by your Financial Aid Administrator.

\*Please read all instructions carefully before completing this form to avoid delaying your financial aid awards.

## **INSTRUCTIONS:**

**SECTION A:** 

1. Make sure to check your Missing Information Checklist on the InSite Portal.

STUDENT INFORMATION

2. Complete all required sections of this worksheet and provide all required documentation and signatures. In order to complete your financial aid file, you may be required to provide additional documentation in addition to this verification worksheet.

| Last Na  | ast Name First Name   |   |  | Student ID Number                  |  |   |  |
|--|---|---|--|------------------------------------|--|---|--|
| Address (include apt. no.)                                       |   |   |  | Date of Birth                      |  |   |  |
| <br>City   | State   |   | Zip  | ()Phone Number (include area code) |  |   |  |
| SECTIO   | ON B: FAMILY INFORMATION  |   |  |                                    |  |   |  |
| List the   | e people in your household. Use a   | separa  | te sheet of p  | aper                               | if there are more than 6 peopl   | e in your household.  |  |
| Yours<br>Your p<br>Your p<br>half o<br>(even<br>Other<br>will pi | F YOU ARE A <u>DEPENDENT</u> STUDENT, elf (even if you are not currently living worent(s), including stepparent. parents' other children, <u>IF</u> your parents of their financial support from 07/01/16 their financial support from 07/01/16 they are not currently living with your people, <u>IF</u> they now live with your parer rovide more than half of their financial sugh 06/30/17. | ith your p<br>will provic<br>hrough 06<br>parents).<br>hts and yo | de more than 5/30/17   | ✓ ✓ ✓ ✓                            | ☐ IF YOU ARE AN INDEPENDE Yourself. Your spouse, if married. Your children, IF you will provid financial support from 07/01/16 Other people, IF they now live w provide more than half of their 07/01/16 through 06/30/17. | e more than half of their<br>5 through 06/30/17.<br>vith you and you will     |  |
|  | FULL NAME   | AGE   | AGE RELATIONS  |                                    | COLLEGE NAME (if currently enrolled)   | Will be Enrolled at Least 6 units (yes or no)                                 |  |
| 1.   |   |   | (to student) SELF (Student)  |                                    | (ii currently emoneu)  | o dints (yes of no)   |  |
| 2.   |   |   | (11111   |                                    |  |   |  |
| 3.   |   |   |  |                                    |  |   |  |
| 4.   |   |   |  |                                    |  |   |  |
| 5.   |   |   |  |                                    |  |   |  |
| 6.   |   |   |  |                                    |  |   |  |
| SECTIO   | ON C: STUDENT'S/SPOUSE'S (  | IF MAR  | RIED) INCOM  | 1E INI                             | FORMATION (all applicants)   |   |  |
| PLEASE   | CHECK ONE APPROPRIATE BOX BELCE Check here if the student filed taxe copy of all 2015 W2 forms.  Check here if the student filed taxe You are required to provide a copy 1040A, or 1040EZ forms or account Transcripts are accepted. A copy of  | es in 201 es in 201 of your ; transcri                            | 5 but <u>did not</u> 1<br>2015 IRS TAX I<br>pts are no lon<br>15 IRS Tax Ret | to use<br>RETUI                    | DATA Retrieval Tool in FAFSA on the IRS Data Retrieval Tool in FARN TRANSCRIPT and all 2015 W2 excepted as proof of tax filing. Only   | AFSA on the Web.<br>forms. Please note, 1040,<br>y 2015 <u>IRS Tax Return</u> |  |
|  | <u>www.irs.gov</u> or by calling 1-800-908-9946.  |   |  |                                    |  |   |  |

## PARENT'S INCOME INFORMATION (for DEPENDENT students only) **SECTION D:** PLEASE CHECK ONE APPROPRIATE BOX BELOW: ☐ Check here if the student's parent(s) filed taxes in 2015 and <u>used the IRS DATA Retrieval Tool</u> in FAFSA on the Web. <u>Please</u> attach a copy of all 2015 W2 forms. ☐ Check here if the student's parent(s) filed taxes in 2015 but <u>did not to use the IRS Data Retrieval Tool</u> in FAFSA on the Web. The student's parent(s) is required to provide a copy of their 2015 IRS TAX RETURN TRANSCRIPT and all 2015 W2 forms. Please note, 1040, 1040A, or 1040EZ forms or account transcripts are no longer accepted as proof of tax filing. Only 2015 IRS Tax Return Transcripts are accepted. A copy of your 2015 IRS Tax Return Transcript may be requested from the IRS by ordering online at www.irs.gov or by calling 1-800-908-9946. ☐ Check here if the student's parent(s) did not file and is not required to file taxes in 2015. If the student's parent(s) did not file taxes in 2015, please complete the parent portion of SECTION E-1: INCOME CERTIFICATION below. If the student's parent(s) was employed anytime in 2015, please attach a copy of the all 2015 W2 forms even if the student's parent(s) was not required to file taxes in 2015. **SECTION E: INCOME CERTIFICATION** E-1: NON TAX FILERS: If you/your spouse/your parent(s) had earnings from work but did not file an IRS Tax Return, you must attach ALL W2 forms as supporting documentation and list your income below. You must also report any earned income paid in cash. **Employers/Sources of Income** Total income amount in 2015 Paid in Cash W2 attached YES/NO YES/NO Student's Income Spouse's Income YES/NO YES/NO (if married) Parent's Income YES/NO YES/NO (if dependent) E-2: LOW INCOME CERTIFICATION: A review of your financial aid file has determined that your reported 2015 income on the FAFSA is insufficient to provide basic average living expenses (such as food, clothing, shelter and other necessities) for your household size. Unusually low income can sometimes indicate unreported financial resources. In order to continue with the application process for financial aid, please use the space below to provide a detailed explanation of how your household expenses were met in 2015. Please be specific about financial resources that are not yet reported anywhere else on your application (e.g., Section 8 housing, TANF/cash aid, disability benefits, social security income, alimony, child support received, worker's comp, financial aid, etc.). In addition, please specify if you received financial or in-kind support from friends or relatives (e.g., monetary gifts, borrowed money, free room and board, free meals, or if someone pays your bills on your behalf, etc.). Attach a separate sheet if additional space is needed. **SECTION F:** FOOD STAMPS (SNAP) AND/OR CHILD SUPPORT INFORMATION ☐ Check this box if one of the people included in your household on the FAFSA received benefits from the **Supplemental** Nutritional Assistance Program or SNAP (formerly known as food stamps) anytime in 2015 or 2016. ☐ Check this box if someone in your household *paid child support in 2015.* Please complete the section below. \*Note: Children listed below cannot be included in the household unless you are currently supporting them for 2016. (Provide written statement) The Age of the Name of Person Who Paid Child Name of Person to Whom Child Name of Child for Whom **Amount of Child** Support **Support was Paid Support was Paid** Child Support Paid in 2015 \$

\$

## SECTION G: UNTAXED INCOME

Based on the information provided on your FAFSA, it does not appear that the 2015 income reported is sufficient to provide financial support for the number of household members reported. Complete <u>ALL</u> sections below. If you were required to provide parent information on your FAFSA, answer the questions below as they apply to you and your parents and your parent must sign the form; if you were not required to provide parent information on your FAFSA, answer the questions below as they apply to yourself (and your spouse if you are married). If any item does not apply, enter N/A or \$0. DO NOT LEAVE ANY SECTION BLANK.

• Payments to tax-deferred pension and retirement savings - List any payments to plans, such as 401(k) or 403(b), including but not limited to amounts reported on W2 boxes 12a-12d codes D, E, F, G, H, and S.

| Person who made the payment | Total amount paid in 2015 |
|-----------------------------|---------------------------|
|                             | \$                        |
|                             | \$                        |

Housing, food and other living allowances paid to members of the military, clergy, and others – List any payments and/or
the cash value of benefits received by any family member that is military, clergy, etc. Do not include the value of on-base
housing or basic allowance for housing for military.

| Person who received the benefit | Type of benefit received | Total amount received in 2015 |
|---------------------------------|--------------------------|-------------------------------|
|                                 |                          | \$                            |
|                                 |                          | \$                            |

• **Veteran non-education benefits** – Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and VA Educational Work-Study allowances.

| Name of person who received benefit | Type of Veterans Non-Ed received | Total amount received in 2015 |
|-------------------------------------|----------------------------------|-------------------------------|
|                                     |                                  | \$                            |
|                                     |                                  | \$                            |

Child Support received – List the actual amount of child support received for children in your household.

| Who received the support payment | Child for whom payment was made | Total amount received in 2015 |
|----------------------------------|---------------------------------|-------------------------------|
|                                  |                                 | \$                            |
|                                  |                                 | \$                            |

• Other untaxed income – List the type and amount of other income received that has not been reported elsewhere on this form. Include payments from worker's compensation, disability, untaxed portions of health savings accounts, etc. Do not include financial aid, Earned Income Credit, Additional Child Tax Credit, TANF, Social Security Benefits, SSI, combat pay, etc.

| Person who received income | Type of untaxed income received | Total amount received in 2015 |
|----------------------------|---------------------------------|-------------------------------|
|                            |                                 | \$                            |
|                            |                                 | \$                            |

• Money received or paid on the student's behalf – List any other money received or paid on the student's behalf that is not reported elsewhere on this form. For example, if someone is paying the student's rent, utilities, bills, or gives the student cash, gift cards, etc., list the total amount that person paid, unless the person is the student's parent whose information is reported on the student's FAFSA. Also include any distributions to the student from a 529 plan owned by someone other than the student or student's parents.

| Name and relationship of person who gave the payment | Type of payment (cash, rent, utilities) | Total amount received in 2015 |
|--|---|-------------------------------|
| Save the payment                                     |   | \$                            |
|  |   | \$                            |

• Additional Income Information – List any other resources/benefits received by the student and any other members of the student's household. This may include veteran's education benefits, military housing, SNAP, TANF, WIC, etc.

| Person who received resource/benefit | Type of resource/benefit | Total amount received in 2015 |  |
|--------------------------------------|--------------------------|-------------------------------|--|
|                                      |                          |                               |  |
|                                      |                          |                               |  |

|         |         | n here if you received<br>xpenses. | d low-income or free h                            | ousing/rent, reduced or fre | ee utilities, or utilized any other sou  | urces for basic |
|---------|---------|------------------------------------|---|-----------------------------|--|-----------------|
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
|         |         | <del></del>                        |   | <del></del>                 |  |                 |
|         |         |                                    |   |                             |  |                 |
| SECTIO  | N H:    | SIGN THIS WORK                     | SHEET   |                             |  |                 |
|         |         | •                                  | he information reported<br>be fined, be sentenced |                             | ning: If you purposely give false or mis | sleading        |
|         |         |                                    |   |                             |  |                 |
|         |         |                                    |   |                             |  |                 |
| Student | Signatu | re                                 | Date  | Parent Signatur             | re (for Dependent Students only)         | Date            |

Explanation of Support – In a few sentences below, explain how your family was financially supported in 2015. You should