2017-18 <u>FAFSA VERIFICATION WORKSHEET</u>

	NAME			ΓΝΑΜΕ		STUDENT ID #		SECURITY #	DATE OF BIRTH	PHONE NUMBER
Submit to the Financial Aid Office in-person, at your campus, or via the email, fax, or mailing address listed at the bottom of this page within 30 days after notification. If more space is needed for any line item on this form, provide a separate page that includes the student's name and ID number at the top.										
SECTION 1 NUMBER OF HOUSEHOLD MEMBERS AND NUMBER IN COLLEGE										
INSTRUCTIONS FOR DEPENDENT STUDENTS: <(or)> INSTRUCTIONS FOR INDEPENDENT STUDENTS:										
List below the people in the <u>parent's household</u> . Include: List below the people in the <u>student's household</u> . Include: The <u>student</u> & <u>parents</u> (including a <u>stepparent</u>) even if the student doesn't live with the parents. The <u>student</u> & if the student is married, the <u>student's spouse</u> .										
The parent's other children if the parents will provide more than half of their support from July S The student's or spouse's children if the student or spouse will provide										
1, 2017, through June 30, 2018, or if they would be required to provide parental information if they were completing a 2017-2018 FAFSA. Include children who meet either of these standards June 30, 2018, even if the child does not live with the student.										
even if the children do not live with the parents.										
<u>Other people</u> if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support between spouse provides more than half of the other person's support and will continue to provide more than half of their support between										
July 1, 2017 through June 30, 2018. June 30, 2018.										
Number in College: Also Include in the space below information about any household member (see above for definitions) who is, or 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, 2017, and June 30, 2018, include the name of the college.										
FIRST NAME M.I.			LAST N/		AGE RELATIONS			1 ⁻		Nill be enrolled at least
					MOL				RAL COLLEGE	Half Time? (Yes or No)
								EAST CENT	KAL COLLEGE	
SECTION 2 TAXES (Check the box for student and, if applicable, spouse or parent(s) that applies to the statement to the right)										
SPOUSE PAPENT 1 PAPENT 2 Filed a 2015 Income Tax Return with the								e IRS and 'linked'	taxes using the IRS	
STUDENT (if ma			\square (if dependent)	(if depe	undont)					Transcript obtained
						rom the IRS (irs.gov				turp with the IDS but
SPOUSE PARENT 1 PARENT 2 Will not file and <u>are not required</u> to file a 2015 income tax return with t WAS EMPLOYED in 2015 = must submit the 2015 IRS "Verification of non-										
	∣└── (if marr	ried)	— (if dependent)	└── (if depe			ge & income statement".			
		SE _				Will not file and are not required to file a 2015 income tax return with the IRS, and				
STUDENT			(if dependent)	(if depe	V (Vandont)	VAS NOT EMPLOYED				ification of non-filer
					IE	etter" and the IRS 20	is wage	& income sta	atement.	
Cortificatio	on 9									
<u>Certificatio</u> Signatur		\mathbf{v}								
EACH PERSON		Х								
INFORMATION F	STL	STUDENT SIGNATURE DATE					PARENT SIGNATURE (if a dependent student) DATE			
IS COMPLETE &	CORRECT		Warning: I	f you purpos	ely give fa	alse or misleading infor	mation, y	ou may be fine	d, be sentenced to jail	, or both.