

V1 2016-17 FAFSA VERIFICATION WORKSHEET



LAST NAME	FIRST NAME	STUDENT ID #	SOCIAL SECURITY #	DATE OF BIRTH	PHONE NUMBER
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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)----->

- List below the people in the parent's household. Include:
- § The student & parents (including a stepparent) even if the student doesn't live with the parents.
 - § The parent's other children if the parents will provide more than half of their support from July 1, 2016, through June 30, 2017, or if they would be required to provide parental information if they were completing a 2016-2017 FAFSA. 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 the other people's support and will continue to provide more than half of their support between July 1, 2016 through June 30, 2017.

INSTRUCTIONS FOR *INDEPENDENT* STUDENTS:

- List below the people in the student's household. Include:
- § The student & if the student is married, the student's spouse.
 - § The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the child does not live with the student.
 - § Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

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, 2016, and June 30, 2017, include the name of the college.

FIRST NAME	M.I.	LAST NAME	AGE	RELATIONSHIP	COLLEGE	Will be enrolled at least Half Time? (Yes or No)
					EAST CENTRAL COLLEGE	

SECTION 2 -- CHILD SUPPORT PAID

If student/spouse/parent(s) listed above paid child support in 2015 complete the following:

Name of person who paid child support	Name of person to whom child support was paid	Name of child for whom support was paid	Age of child	Annual amount of child support paid in 2015 for each child
				/ year
				/ year
				/ year

SECTION 3 -- SNAP (FOOD STAMPS) BENEFIT INFORMATION

The student or parent(s) certify that _____, a member of the household (listed above), received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243)

SECTION 4 -- TAXES (Check the box for student and, if applicable, spouse or parent(s) that applies to the statement to the right)

<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (if dependent)	<input type="checkbox"/> PARENT 2 (if dependent)	Filed a 2015 Federal Income Tax Return with the IRS and a signed copy is attached.
<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (if dependent)	<input type="checkbox"/> PARENT 2 (if dependent)	Will not file and are not required to file a 2015 income tax return with the IRS, but WAS EMPLOYED in 2015 and have listed below the names of all employers and the amount earned from each employer in 2015 (Complete 'FOR NON-TAX FILERS' below)
<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPOUSE (if married)	<input type="checkbox"/> PARENT 1 (dep. student)	<input type="checkbox"/> PARENT 2 (if dependent)	Will not file and are not required to file a 2015 income tax return with the IRS, WAS NOT EMPLOYED and had no income earned from work in 2015.

FOR NON-TAX FILERS: List the name of each employer, the amount earned from each employer in 2015, & whether an IRS W-2 form is provided. Provide copies of ALL 2015 IRS W-2 forms issued for student/spouse/parent(s). List every employer even if they employer didn't issue an IRS W-2 form.

STUDENT/SPOUSE 2015 INCOME FROM WORK			W2 attached?	PARENT(S) 2015 INCOME FROM WORK			W2 attached?
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Source:	\$		<input type="checkbox"/>	Source:	\$		<input type="checkbox"/>
Total Amount of Income Earned from Work	\$			Total Amount of Income Earned from Work	\$		

Certification & Signature: EACH PERSON SIGNING CERTIFIES THAT ALL OF THE INFORMATION REPORTED IS COMPLETE & CORRECT	X _____ STUDENT SIGNATURE	_____ DATE	X _____ PARENT SIGNATURE (if a dependent student)	_____ DATE
	Warning: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.			