



## 2016-2017 Independent Verification Worksheet Federal Student Aid Programs

Your FAFSA was selected for review in a process called “Verification.” In this process, your school will be comparing information from your FAFSA with this worksheet and financial documents you will submit. The law states your school has the right to ask you for this information before awarding Federal Aid. If there are differences between your FAFSA and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

Complete this verification form and submit it to the Financial Aid Office as soon as possible so your financial aid won't be delayed.

### A. Student Information

Last Name	First Name	M.I.	Student ID (R#)
Address (include apt. no.)		Social Security Number	
City	State	Zip Code	Phone Number (Include area code)

### B. Independent Student Family Information

**Student:** Please report your current marital status (as reported on your FAFSA).

- Married/Remarried     
  Divorced/Separated     
  Never Married     
  Widowed

**Number of people living in your household.**

Include:

- Yourself
- Your spouse
- Your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

**Number in college:** In the table below, include the name of the college for any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time **between** July 1, 2016 and June 30, 2017. *If more space is needed, attach a separate page with the student's name and Student ID (R#) at the top.*

Full Name	Date of Birth	Relationship to Student	Name of College	Enrolled at Least Half-Time
1.		Student/Self	Rhodes State College	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No



Name: \_\_\_\_\_  
 Student ID (R#): \_\_\_\_\_

**C. Tax Information**

- I filed a 2015 federal tax return.
  - I used the IRS data retrieval.
  - I did not use the IRS data retrieval and am attaching my 2015 IRS Tax Return Transcript (*You can get a copy of your IRS Tax Return Transcript by calling 1-800-908-9946 or online at <https://www.irs.gov/Individuals/Get-Transcript>.*)
- I will not file a 2015 federal tax return.
  - I worked in 2015, but I am not required to file a 2015 federal tax return.
  - I did not work in 2015 and will not file a 2015 federal tax return.

**D. Income Information**

**Tax Filers:** Please list all employers and amounts earned in the box below:

**Non-Tax Filers:**

- If you were employed, but are not required to file a 2015 Federal IRS Tax Return, list all employers and any income earned in 2015 for you and your spouse in the table below. You must also submit copies of your W-2(s) or 1099(s) from each employer to Rhodes State College with this form.
- If you or your spouse were not employed, did not have income, and are not required to file a 2015 Federal Tax Return, enter **none** under “Wages” on the table below.

*List every employer, even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student’s name and Student ID (R#).*

2015 Income	Employer Name	Wages <small>(Box 1 on the W-2 form. If a W-2 was not issued, list all earnings from the job)</small>
<b>Student</b>		\$
		\$
<b>Spouse</b>		\$
		\$

**E. Additional Information**

Please answer the following questions. If any do not apply to your household, please enter 0 (zero). *If more space is needed, please attach a separate page with the student’s name and Student ID (R#).*

Child support paid in 2015 because of divorce, separation, or as a result of a legal requirement. Do not include support paid for children listed on the household table on page 1 of this verification.		<u>Amount Paid</u>
Support paid to (name):		\$
For (child’s name):		
Support paid to (name):		\$
For (child’s name):		
<b>Did you or your spouse receive food stamp benefits (SNAP) during the calendar years 2014 or 2015?</b>		<input type="checkbox"/> Yes
		<input type="checkbox"/> No



Name: \_\_\_\_\_

Student ID (R#): \_\_\_\_\_

**F. 2015 Income Exclusions and Untaxed Income**

List any income exclusions and untaxed income that were received for 2015. **Enter Zeros if no funds were received.** Information requested below was to be reported on the FAFSA.

STUDENT	CALENDAR YEAR 2015	SPOUSE
\$	Money received or paid on your behalf (e.g. Did anyone give you or your spouse any money or pay any bills for you?).	\$
\$	Child support received for any of your children. <b>Do not include</b> foster care or adoption payments. <b>Documentation Required: Attach a copy of your 2015 Child Support Statement showing the amount received for each child (dates 1/1/2015-12/31/2015).</b>	\$
\$	Payments to tax-deferred pensions and savings plans paid directly or withheld from earnings, including but not limited to, amounts reported on the W-2 Form boxes 12a-12d, codes D, E, F, G, H, and S. <b>Documentation Required: Copy of 2015 W-2.</b>	\$
\$	Any untaxed income or benefits, such as worker's compensation, disability, etc. Do not include student aid, earned income credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusions or credit for federal tax on special fuels. <b>Documentation Required: Statement from the agency providing the amount received for the year 2015.</b>	\$
\$	Taxable earnings from need-based programs such as Federal Work-Study and need based employment portions of fellowships and assistantships. <b>Documentation Required: Copy of 2015 W-2 from employer where you earned Federal Work Study.</b>	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do include military basic allowances for subsistence or BAS reported in box 12 or 14 of the W-2 or on Military Leave Earnings Statement. <b>Documentation Required: Copy of 2015 W-2.</b>	\$
\$	Veterans' non-educational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensations (DIC) and/or VA Educational Work-Study allowances. <b>Documentation Required: Statement from VA showing amount received in 2015.</b>	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 in Box 12, Code Q. <b>Documentation Required: Copy of 2015 W-2 from employer where you earned combat pay.</b>	\$

**G. Certification and Signatures**

Please verify the following steps have been completed before submitting this form:

- I have included tax information either by utilizing the IRS Data Retrieval tool or by submitting the IRS Tax Return Transcript.
- If I am a non-tax filer, I have included all copies of my W-2(s) or 1099(s).
- All sections of this form are fully completed with no blank spaces.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

By signing this worksheet, I certify that all of the information reported on it is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date