



OFFICE OF FINANCIAL AID

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

## 2016-2017 Independent Verification Worksheet

| Student's Last Name | Student's First Name | Student's SSN | Student's FCC ID# |
|---------------------|----------------------|---------------|-------------------|
|                     |                      |               |                   |

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law (34 CFR, Part 668) says that before awarding federal student aid, we may ask you to confirm the information you reported on your FAFSA. This form must have the appropriate signatures and be accompanied by any other documentation (including 2015 Federal Income Tax Return Transcripts and 2015 Wage and Income Transcript or statements) that is requested to complete verification.

**IF THIS FORM IS NOT COMPLETED AND SUBMITTED WITH DOCUMENTATION, FCC WILL BE UNABLE TO DETERMINE YOUR FINANCIAL AID ELIGIBILITY.**

### Household Information INDEPENDENT

*In the box below, include:*

- (1) Your legal spouse (if applicable); whom you are not legally separated.
- (2) Your children (and step-children), if you (and/or your spouse listed below) will provide more than ½ of their financial support from July 1, 2016 through June 30, 2017. Also include children who would be required to provide your financial information on their own FAFSA.
- (3) Any other person who currently lives with you, if you (and/or your spouse listed below) provide more than ½ of that person's financial support AND will continue to do so through June 30, 2017.

| Relationship to Student | Full Name | DOB | List Full College Name, If Attending* | Enrollment at least ½ time?***                           |
|-------------------------|-----------|-----|---------------------------------------|--|
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                         |           |     |                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\*If any person you listed above will be enrolled in a Title IV eligible postsecondary educational institution at least ½ time in a degree, diploma or certificate program at any time between July 1, 2016 and June 30, 2017, list the full name of the college above.

\*\*\*Enrollment in college during the 2016-2017 academic year. Half-time generally means 6-8 credits.



**2015 FEDERAL INCOME TAX RETURN FILING STATUS**

Student Filing Status (answers also apply to spouse listed on reverse)

- I (and my spouse listed on the reverse) have already filed a 2015 return and \_\_\_\_\_ used the IRS data retrieval via my FAFSA ([www.fafsa.gov](http://www.fafsa.gov)) OR \_\_\_\_\_ requested an IRS tax return transcript
- I (and my spouse listed on the reverse) had to amend a 2015 return and will therefore submit: \_\_\_\_\_ a signed copy of the IRS 2015 1040X form stamped with receipt date by the IRS AND \_\_\_\_\_ an IRS 2015 tax return transcript
- I will not and am not required to file. In 2015, I earned \$ \_\_\_\_\_ from work. If you had earnings, you are required to attach 2015 W-2(s) or a 2015 Wage and Income Transcript in addition to a signed written statement listing the sources of income earned from work and the amount of income from each source for tax year 2015.
- My spouse (as listed on the reverse) will not and was not required to file. In 2015, s/he earned \$ \_\_\_\_\_ from work. If s/he had earnings, s/he is required to attach 2015 W-2(s) or a 2015 Wage and Income transcript in addition to a signed written statement listing the sources of income earned from work and the amount of income from each source for tax year 2015.

\*\*\*\*Please note that Non-filers may be required to submit an IRS statement of non-filing status and/or a Wage and Income transcript.

**SNAP (formerly known as the Food Stamps Program) BENEFITS RECEIVED IN 2014 OR 2015**

This form certifies that a member of the student's household (as shown on the reverse and including the student) received benefits from the Supplemental Nutrition Assistance Program (or SNAP, and formerly known as the Food Stamps Program) sometime during 2014 or 2015. **Check all that apply to you.**

- No one in the household (as listed on the reverse, and including the student) received SNAP in 2014 or 2015.
- Yes, someone living in the household (as listed on the reverse, and including the student) received SNAP in 2014.
- Yes, someone living in the household (as listed on the reverse, and including the student) received SNAP in 2015.

**CHILD SUPPORT PAID IN 2015 (by student and/or spouse listed on the reverse)**

- No, neither I (nor my spouse listed on the reverse) paid child support in 2015.
- Yes, either I (or my spouse listed on the reverse) paid child support in 2015. **Complete the box below.**

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Child Support was Paid | Age of Child for whom Support was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--|--------------------------------------|
|                                       |   |   |  | \$                                   |
|                                       |   |   |  | \$                                   |
|                                       |   |   |  | \$                                   |
|                                       |   |   |  | \$                                   |

Please note: If FCC has reason to believe that the information regarding child support paid is not accurate, FCC may require additional documentation, such as:

- Copies of the child support payment checks or money order receipts; or
- A statement from the individual receiving the child support certifying the amount of child support received.

Statement of Certification: I certify that all of the information reported on this worksheet is complete and correct. *The student must sign and date.* **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Date

*Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.*