



OFFICE OF FINANCIAL AID

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2017-2018 Independent Verification Worksheet

Table with 4 columns: Student's Last Name, Student's First Name, Student's SSN, Student's FCC ID#

Your 2017-2018 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.

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); from whom you are not legally separated.
(2) Your children (and step-children), if you (and/or your spouse listed below) will provide more than 1/2 of their financial support from July 1, 2017 through June 30, 2018.
(3) Any other person who currently lives with you, if you (and/or your spouse listed below) provide more than 1/2 of that person's financial support AND will continue to do so through June 30, 2018.

Table with 5 columns: Relationship to Student, Full Name, DOB, List Full College Name, If Attending*, Enrollment at least 1/2 time? **

*If any person you listed above will be enrolled in a Title IV eligible postsecondary educational institution at least 1/2 time in a degree, diploma or certificate program at any time between July 1, 2017 and June 30, 2018, list the full name of the college above.

**Enrollment in college during the 2017-2018 academic year. Half-time generally means 6-8 credits.



2015 FEDERAL INCOME TAX RETURN FILING STATUS

If you (and your spouse listed on reverse) filed your 2015 Federal Taxes, complete this section:

- I (and my spouse listed on the reverse) have already filed a 2015 return and _____ used the IRS data retrieval via my 2017-2018 FAFSA (and made no corrections to information that was transferred), OR _____ attached an IRS 2015 tax return transcript or already provided my IRS 2015 tax return transcript to the FCC financial office for the 2016-2017 aid year.
- I (and my spouse listed on the reverse) had to amend a 2015 tax return and will therefore submit: _____ a signed copy of the 2015 1040X; AND _____ an IRS 2015 tax return transcript(s); AND _____ an IRS 2015 tax account transcript OR _____ I already submitted all of the documentation needed for an amended tax return during the 2016-2017 aid year.

If you (and your spouse listed on reverse) did NOT and will NOT file 2015 Federal Taxes, complete this section:

- I will not and am not required to file and will therefore submit: _____ an IRS 2015 verification of non-filing (dated on or after October 1, 2016)
My total income from work in 2015 was: \$ _____. If you had earnings, you must attach your 2015 W2 form(s) or a 2015 Wage and Income Transcript from the IRS AND complete the chart below:

Source of Income (Employer)	Income Amount Earned in 2015

Attach another sheet of paper if needed (Must include student name, ID number, and student signature)

- My spouse (as listed on the reverse) will not and was not required to file a 2015 return and will therefore submit: _____ his/her IRS 2015 verification of non-filing (dated on or after October 1, 2016)
My spouse's income from work in 2015 was: \$ _____. If your spouse had earnings, you must attach their 2015 W2 form(s) or a 2015 Wage and Income Transcript from the IRS and also complete the chart below:

Source of Income (Employer)	Income Amount Earned in 2015

Attach another sheet of paper if needed (Must include student name, ID number, and student signature)

STATEMENT OF CERTIFICATION

I certify that all of the information reported on this worksheet is complete and correct. **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's 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.