

V1



2015-2016 VERIFICATION WORKSHEET

Federal Student Aid Programs

Complete both sides, then mail to: Lycoming College, Financial Aid Office, 700 College Place, Williamsport, PA 17701 or send both sides of this form in PDF format to Finaid@Lycoming.edu, or fax both sides to 570-321-4993.

Student Name				Student ID #
	Last	First	MI	
Student Date of Birth				
tudent Telephone Numbe	er <u>(</u>)	Studen	ıt E-mail	
arent Telephone Number	()	Parent	E-Mail	

Dependent Students: List the people in **your parent's household**. Include the following:

- Yourself and your parent(s) (including step-parent), even if you don't live with your parents, and
- Your parent(s) other dependent children, if: (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid **and**
- Other people if they now live with your parents **AND** your parents provide more than half of their support **AND** will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Independent Students: List the people in your household. Include the following:

- Yourself and your spouse if you have one, and
- Your children, if you will provide more than half of their support July 1, 2015 through June 30, 2016, even if they do not live with you, and
- Other people if they now live with you **AND** you provide more than half of their support **AND** will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Also write in the name of the college for any household member who will be attending college at least half-time between July 1, 2015 and June 30, 2016, **AND** will be enrolled in a degree, diploma, or certificate program. Attach an additional sheet if necessary.

Full Name	Age	Relationship	College
		Self (Student)	Lycoming College

STEP 3: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM BENEFITS OR SNAP (formally known as food stamps) Were you or any family member listed in STEP 2 eligible to receive SNAP benefits during the 2013 or 2014 calendar year?

YES, and I acknowledge that the College has a right to, and may request, a copy of the SNAP card or letter from the agency
that issues SNAP, to document the receipt of benefitsContinue to STEP 4.

□ NO...Continue to STEP 4.

PLEASE NOTE: We cannot accept signed copies of tax returns. If you did not use, or chose not to use, the IRS Data Retrieval Tool, you must request an IRS Tax Return Transcript for Steps 4 and 5 by calling the IRS at 800.908.9946. It takes up to two weeks for IRS income information to be available after filing taxes electronically, and up to eight weeks for paper filers.

SIEP 4: STUDEN	SILP 4: STUDENT (AND SPOUSE IF MARRIED) TAX TRANSCRIPT & INCOME INFORMATION								
CHECK THE ONE (1)	BOX THAT APPLIES:								
☐ I/we <u>used the IRS</u> FAFSA or when m ☐ I/we was <u>unable or</u> <u>Tax Return Transct</u> ☐ I/we did not and are	aking a correction to the F. chose not to use the IRS I ript (NOT a copy of the inc	trieve and transfer 2014 AFSA Continue to Step <u>Data Retrieval Tool</u> , and L come tax return)continud Federal Income Tax Retri	IRS incom 5. We will su the to STEP	ne informations. Showing the bound of the b	on into FAFSA, either on the initial e submitted to the school a 2014 IRS ed the table below and attached ALL				
Source(s) of Incom	me (fill out only if you	did NOT file taxes)		Amo	unt Earned in 2014				
, ,	, , , , , ,	,	\$						
			\$						
			\$						
CHECK THE ONE (1) Student's parent(s) the initial FAFSA of Student's parent(s) 2014 IRS Tax Return Student's parent(s)	or when making a correction were unable or chose not to the unable or chose not to the unable or chose not to unable or chose not required to file a 2	m work in 2014 Continual Tool to retrieve and train to the FAFSA Continuo use the IRS Data Retrieve of the income tax return 014 Federal Income Tax	ue to STEI insfer 2014 iue to STE val Tool, a iContinu	P 6. 4 IRS income P 6. and will subrue to STEP 6	e information into FAFSA, either on mit or have submitted to the school a				
and attached ALL	2014 W-2 formsContinu	ue to STEP 6.							
Source(s) of Inco	me (fill out only if you	did NOT file taxes)		Amo	unt Earned in 2014				
			\$						
			\$						
			\$						
NOT INCLUDE support	r your parent(s) listed in ST ort for children included in e the table below then cont	the household size in STI		support duri	ng the calendar year 2014? (DO				
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for V Support was Pai		Age of Child:	Amount of Child Support Paid in 2014:				
-		-		_	: If you purposely give false or				

Date

Student Signature

Parent Signature (required, if dependent student)

Date