## LAMAR INSTITUTE OF TECHNOLOGY FINANCIAL AID 2015–2016 V1 Independent Standard Worksheet

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called VERIFICATION. The law says that we may ask you to confirm the information you and/or your spouse reported on your FAFSA. To verify that you provided correct information, the financial aid office at your school will compare your FAFSA to information on this worksheet and any required documents. If CORRECTIONS should be necessary, your FINANCIAL AID OFFICE will submit them via the Federal F.A.A. authorized site. DO NOT MAKE CHANGES TO YOUR FAFSA ONCE THE VERIFICATION PROCESS HAS BEGUN AT YOUR SCHOOL.

You and/or spouse must complete and sign this worksheet, attach ALL REQUIRED DOCUMENTS, and submit the COMPLETED PACKET to the financial aid office. Your financial aid office may be required to ask for additional information based on data provided in your initial packet. Please comply timely if this becomes necessary. If you have questions about verification, contact your financial aid office as soon as possible so that your financial aid will not be delayed.

LIT ID:	Social Secur	rity Number:	
Student Name:	D:	ate of Birth:	
Street Address:	City:	State:ZIP:	
Student Phone:	Alte	ernate Phone:	

## **Section A: Family Information**

**List below the people in the student's household.** You must include:

- Yourself, as the student applicant.
- Your spouse if you are/were legally married at the time the FAFSA was completed.
- You and/or spouse's children IF you/spouse will provide more than ½ their support from July 1, 2015-June 30, 2016.
  - Even if the children do not live in your household.
  - ➤ DO NOT include children who will be listed in Section D (Child Support Paid).
  - ➤ DO NOT include children that would qualify as INDEPENDENT students if they completed a FAFSA.
- Other people if they **now** live with you, and you/spouse **provide more than half** of their support and will continue to do so through June 30, 2016.

**Also:** For any household member listed below who will be <u>enrolled at least half time</u> in a degree, diploma, or certificate program at an eligible post-secondary educational institution any time between July 1, 2015 and June 30, 2016, please provide the College Name and a copy of their college schedule.

Full Name		Relationship	College to be attended	Enrolling	Schedule
of Qualified Family Member	Age	To Student	by family member	½ time or more	Attached
Missy Jones (example)	18	Sister	Central University	Yes	Yes
		Self			n/a

Important Notice: If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both. Work with your Financial Aid Office to complete the Verification process timely and accurately. This will help you prevent delays, and avoid loss of eligibility or future penalties.

Student's Name:		LIT ID#	<u> </u>	
Section B: Income Information				
The best way to populate the income sections of you is to have used the IRS Data Retrieval Tool (IRS DRT) that further documentation will be needed to verify 2014 IRS transferred into the student's FAFSA and IF that information	at is part of FAF income tax retur	SA on the Web in information i	at FAFSA.gov	v. In most cases, no
Student Tax Filers:				
Complete this section if the student/spouse has filed a 201-	4 IRS income tax	x return(s).		
Check the box that applies:				
The student/spouse <b>has used</b> the IRS DRT to	transfer 2014 ta	x information t	o the 2015-201	6 FAFSA.
The student/spouse is <b>unable or chooses no</b>	ot to use the IRS	DRT to popula	ate FAFSA on t	the Web
Attach the following:  2014 IRS Tax Return Transcript for 2014 Wage & Income Transcript for Statement of total 2014 earnings fro	or yourself and/or	your spouse if	legally married	
Please note: Per federal regulations, a photoco	<u>opy of your 1040</u>	) tax form is NO	<u>OT acceptable a</u>	locumentation.
Student Non-Filers:				
<ul> <li>☐ The student was not employed and had ZERO</li> <li>☐ The spouse was not employed and had ZE</li> <li>☐ The student WAS EMPLOYED and received</li> <li>☐ The spouse WAS EMPLOYED and received</li> <li>➢ Complete the following table listing</li> </ul>	ERO INCOME of taxed or untaxed ived taxed or untaxed ived taxed or untaxed or untaxed or untaxed or untaxed ived taxed or untaxed or untaxed ived taxed ived taxed ived taxed ived taxed or untaxed ived taxed or untaxed ived taxed ived taxed ived taxed ived taxed ived taxed ived taxed or untaxed ived taxed iv	earned from word income earned taxed income earned	ork in 2014. ed from work in arned from wor	rk in 2014.
Attach the following:  2014 IRS Tax Return Transcript or 2014 IRS Wage & Income Transcri Statement of total 2014 earnings fro	pt		W-2 forms	
Employer's Name	2014 Earnings	W-2 Issued	Attached	
Suzy's Auto Body Shop (example)	\$\$\$\$\$.\$\$	Yes		
Incomplete Verification Data will not be active the required IRS documents and any addition				
Important Notice: If we have reason to believe that the is inaccurate, or if you have reported an unusually low documentation. You may be required to submit IRS T though you utilized the IRS DRT to populate your FAF	w income for yo Tax Return Trai	our household	size, we may	require additional

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LITID#:

How to order 2014 Tax Return Transcripts (not ACCOUNT transcript) and Wage & Income Transcripts Online at www.irs.gov → Click "Get Transcript of Your Tax Records" → Click "Get Transcript ONLINE" → Click "Higher Ed / Student Aid" → Provide data to set up an account with IRS → Select "Return Transcript" for 2014 → Repeat for "Wage & Income Transcript" Call IRS at 1-800-908-9946 → Request "2014 Tax Return Transcript" Mail/FAX Form 4506T-EZ → Download / Print / Complete /Submit → Available on the IRS website.

→ Request "Tax Return Transcript"

→ Request "Wage & Income Transcript"

Student's	Name:	LIT ID#:			
Sectio	n C: S.N.A.P. Benefi	ts			
Provide inf	formation about benefits from the to the student's household at an	e Supplemental Nu		_	ormerly Food Stamps),
INITIAL	below to certify accuracy of in	formation about SN	NAP benefits that ma	y have been receiv	red in the household.
	As the student aid applicant, 2013 or 2014.	I certify that one/m	nore persons in the h	ousehold <b>DID</b> rec	eive SNAP benefits in
	As the student aid applicant, 1 2013 or 2014.	I certify that NO P	ERSON residing in	my household rec	eive SNAP benefits in
	If asked by the Financial Aid (	Office, I will provide Year Received	le documentation of the Amount of Benefits	the SNAP benefits Status (Active/Car	
	Recipient of SNAP Benefits  Marty Jones(example)	2014	\$\$\$\$.\$\$	Active Active	icened)
	waity Jones (example)	2014	ΨΨΨΨΨΨΨ	71ctive	
<b>-</b>			P 40 30	41	JADI 64
-	t Notice: If we have reason to be, we may require documentati			•	
			y that issued the be	incites in 2015 and	701 2014.
Section					
Provide inf	formation about any Child Support	ort <b>PAID</b> by the stu	ident or spouse durin	g the 2014 calenda	ar year.
Certificati <u>INITIAL</u>		formation about Cl	nild Support PAID ou	at of the household	in 2014.
	As the student aid applicant, I		/ DID NOT pay out	child support in 20	)14.
	As the student's spouse, I certi	fy that I DID / D		ld support in 2014	
	If asked by the Financial Aid (	Office, I will provide	le documentation of	Child Support <b>PAI</b>	<b>D</b> in 2014.
Po	erson Who PAID Support	Recipient of Su	pport Chil	d Named in Case	Amount Paid
	Marty Jones(example)	Suzy Smith	'n	Kristy Jones	\$\$\$\$.\$\$
					+
we may re	Notice: If we have reason to equire copies of legal document	ts and/or child sup	port registers.		
any/all do	cumentation required for conside ty. The student and/or spouse mu	ration will be provi	-	-	· ·
St	udent's Signature		Date		<del></del>

Spouse's Signature

Date