



## 2016-2017 Verification Worksheets

### Independent Student

Your FAFSA was selected for review in a process called verification by the Department of Education. To verify that the information on the FAFSA is correct, the Snow College Financial Aid Office will compare your FAFSA with the information on this worksheet and other documents. If there are any differences, your FAFSA may need to be corrected. You must sign this worksheet, attach any required documents, and submit the worksheet and other required documents to the Snow College Financial Aid Office.

#### Student Information

Student Name		Badger ID Number:
Student SSN:	Student Birth Date (Month, Day, Year)	Student Daytime Phone Number:
Street Address	City	State
		Zip Code
Student Email Address		

#### Household Size Information

List the people in your *household*, including:

- **Yourself.**
- **Your spouse**, if you are married.
- **Your children**, if you will provide more than half of their support between July 1, 2016 and June 30, 2017
- **Other dependents**, 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, 2016 through June 30, 2017

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, who will be attending at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program.

Full Name	Age	Relationship	College	Will be enrolled at least half time?
1.		Me	Snow 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

(If additional space is needed please attach a separate page)

#### SNAP Benefit Verification

In 2015, did anyone in your household receive SNAP/Food Stamp Benefits? ☐ Yes ☐ No

#### Child Support Paid

Did you indicate on the FAFSA that you **paid** child support in 2015? ☐ Yes ☐ N/A

If yes please complete the information below.

Name of person who paid Child Support	Name of Person Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

(If additional space is needed please attach a separate page)

### **Tax Return Information**

If you cannot use or choose not to use IRS Data Retrieval on the FAFSA, you will need to submit 2015 Tax Transcripts (not a Tax Return) for you and your spouse along with this form. Per U.S. Department of Education rules, **schools can no longer accept a "copy" of your Tax Returns.** You may request a Tax Transcript directly from the IRS website ([www.irs.gov](http://www.irs.gov)) or by calling the IRS automated line at 1-800-908-9946. If you are unable to use the automated line for any reason, call the IRS at 1-800-829-1040.

### **Student Information**

Did you (**student**) file a 2015 Federal Tax Return? ☐ No, Will not file I had no Income ☐ No, Will not file but I had income  
☐ No, Will file ☐ Yes, Already completed

If you did not file and you are not required to file a 2015 Federal income tax return, list below your employer(s) and any income received in 2015. Also please attach a copy of your W-2, 1099, 1098 or other income statement.

Employer's Name	2014 Amount Earned	IRS W-2 Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

### **Spouse Information** (If you are married)

Did your **spouse** file a 2015 Federal Tax Return? ☐ No, Will not file ☐ No, Will not file but I had income  
☐ No, Will file ☐ Yes, Already completed

If your spouse did not file and is not required to file a 2015 Federal income tax return, list below his/her employer(s) and any income received in 2015. Also please attach a copy of their W-2, 1099, 1098 or other income statement.

Employer's Name	2015 Amount Earned	IRS W-2 Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

### **Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If married, the spouse's signature is optional.

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

Signature must be handwritten

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

Signature must be handwritten

\_\_\_\_\_  
Date

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