



2016-2017 INDEPENDENT VERIFICATION WORKSHEET

Please complete in black or blue ink.

Your application has been selected for review in a process called Verification. Federal regulations require that before awarding any financial aid monies, we must ask you and your parents to confirm the information reported on your FAFSA.

SECTION A: Student Information

SSC ID# or Social Security Number

Last Name

First Name

Middle Initial

Date of Birth

Email

Phone Number (include area code)

Address, City, State and Zip

SECTION B: Verification of 2015 Income Information for Student (and Spouse)

Section B-1 - For students who filed or will file 2015 taxes. If you did not file taxes, skip to Section B-2.

Please mark the box that best describes your situation:

Important Note: The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2015 or had a change in marital status after December 31, 2015.

- The student has used the IRS DRT in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student's FAFSA.
- The student has not yet used the IRS DRT in *FAFSA on the Web*, but will use the tool to transfer 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.
- The student is unable or chooses not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school with a **2015 IRS Tax Return Transcript(s)**.

A **2015 IRS Tax Return Transcript** may be obtained through:

- Online Request - Go to www.irs.gov, under the Tools heading on the IRS homepage, click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and **NOT** the "IRS Tax Account Transcript."
- Telephone Request - 1-800-908-9946
- Paper Request Form - IRS Form 4506T-EZ or IRS Form 4506-T

_____ Check here if a **2015 IRS Tax Return Transcript(s)** is provided with this worksheet.

_____ Check here if a **2015 IRS Tax Return Transcript(s)** will be provided later.

Section B-2 – ONLY For students (and spouse) who did NOT and are not required to file 2015 taxes.

Please mark the box that best describes your situation:

- The student and spouse were not employed and had no income earned from work in 2015.
- The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. [Provide copies of all 2015 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Employer’s Name	IRS W-2 Provided?	Annual Amount Earned in 2015
<i>(Example) ABC’s Auto Body Shop</i>	<i>Yes</i>	<i>\$4,500.00</i>
Total Amount of Income Earned From Work		\$

Note: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.

SECTION C: Family Information

Number of Household Members: List below the people in the student’s household. Include:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2016, through June 30, 2017, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2017.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

SECTION E: Food Stamp Benefits (SNAP)

In this section, certify anyone in the household that receives SNAP benefits. The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the child's support from July 1, 2016, through June 30, 2017, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

The student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

SECTION F: Child Support Paid

If the student and/or spouse, who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
Total Amount of Child Support Paid			\$

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

SECTION G: Certification and Signatures

The student must sign below certifying the accuracy of the information provided on this form.

By signing this worksheet, I/we certify that all the information reported on this form is complete and correct. My signature below authorizes any needed corrections to the information reported on the Free Application for Federal Student Aid (FAFSA) as a result of the verification process.

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

Student's Signature

Date

PLEASE RETURN ALL FORMS AND DOCUMENTATION TO: (Mail or Fax)

Seminole State College
Financial Aid Office
2701 Boren Blvd
Seminole, Oklahoma 74868

Phone: (405)-382-9247
Fax: (405)-382-9579
Email Documents (PDF only): finaid@sscok.edu
Web: <http://www.sscok.edu>

Revised 3/9/2016

Office Use Only: Date Received: _____ Initials: _____
Notes: