



2016-2017 Verification Worksheet

V-4 – Independent Student

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called “verification”. In this process we will compare the information from your application to the information on this form and other documentation that is submitted.

You must complete this form in ink and this form must be signed and dated. Submit this form and any other required documents to the Financial Aid Office.

If we have any questions regarding the information you submit to our office and on the FAFSA, we may ask for additional information. If there are differences in the information you submitted on your FAFSA and the information you submit we may have to make corrections.

A. Student’s Information

Student Name (please print)	ICC Student ID #
Student Address	Date of Birth
City	State
Zip	Phone Number (include area code)

B. Independent Student’s Household Information:

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 the children do not live with the student.
- Any person that now lives with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

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>	Illinois Central College	

Persons in College: Please indicate if any of the household members listed above are enrolled 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. We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in postsecondary educational institutions is inaccurate.

Student Name _____ ICC Student ID# _____

C. 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. **Do not include** child support for children listed in the student household in Section B of this form. 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			\$

D. Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Received

Did you or any member of your household receive SNAP benefits (food stamps) in 2014 or 2015?

Yes. *One* or more of the persons listed in section B of this worksheet received SNAP benefits in 2014 or 2015.

If asked by the school, I will provide documentation of the receipt of those benefits.

No. No one in my household received SNAP benefits.

If we have any reason to believe that any of the information submitted or provided on this form is not accurate we may request additional information.

E. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date