



2016-2017 Verification Worksheet

V- 6 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 by you. 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's Name _____ ICC Student ID# _____

C. Verification of 2015 Student Income Information**1. Check the box that applies: Tax Filing Status**

- The student has used the IRS Data Retrieval Tool on the *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 Data Retrieval Tool on the *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 Data Retrieval Tool on the *FAFSA on the Web*, and instead will provide the school a **2015 IRS Tax Return Transcript(s)**. **If student and spouse filed separate 2015 IRS Income Tax Returns, 2015 IRS Tax Return Transcript must be provided for each.**

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

- Online Request - Go to www.irs.gov, under the Tools heading on the IRS homepage, click "Get a Tax Transcript." 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

In most cases, for electronic Tax Return filers, 2015 IRS Income Tax Return information is available for the IRS Data Retrieval Tool or the IRS Tax Return Transcript within 2-3 weeks after the 2015 electronic IRS Income Tax Return has been accepted by the IRS. Generally, for filers of 2015 paper IRS Income Tax Returns, the 2015 IRS Income Tax Return information is available for the IRS Data Retrieval Tool or the IRS Tax Return Transcript within 6-8 weeks after the 2015 paper IRS Income Tax Return has been received by the IRS. Contact the financial aid office if more information is needed about using the IRS Data Retrieval Tool or obtaining an IRS Tax Return Transcript.

- The student and/or spouse DID NOT FILE a 2015 IRS Tax Return and is not required to file a 2015 IRS Tax Return.
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 and/or complete an Independent Means of Support.

2. Check the box that applies: Income Earned from Work

- The student and/or spouse was not employed and had no income earned from work in 2015.
- The student and/or spouse was employed in 2015 and have listed below the names of all employers and the amount earned from each employer in 2015. **PLEASE PROVIDE COPIES OF ALL 2015 IRS W-2 FORMS ISSUED TO THE STUDENT AND OR SPOUSE BY YOUR EMPLOYERS.** If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer's Name	Annual Amount Earned in 2015
Total Amount of Income Earned From Work	\$

Student's Name _____ ICC Student ID# _____

D. Verification of Other Untaxed Income for 2015

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month during 2015.

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

- 1. Payments to Tax-Deferred Pension and Retirement Savings:** List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid in 2015
Total Payments to tax-deferred pension and retirement savings	\$

- 2. Child Support Received:** List the actual amount of any child support received in 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Annual Amount of Child Support Received in 2015
Total Amount of Child Support Received		\$

- 3. Housing, food, and other living allowances paid to members of the military, clergy, and others:** Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015
Total Amount of Benefits Received		

Student Name _____

ICC Student ID # _____

- 4. Veterans Non-Education Benefits:** List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits

Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2015
Total Amount of Benefits Received		\$

- 5. Other Untaxed Income:** List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in 1 – 4 above. In addition, **do not include** extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015
Total Amount of Other Untaxed Income		\$

- 6. Money Received or Paid on the Student's Behalf:** List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Source	Annual Amount Received in 2015
Total Amount Received		\$

7. Additional Information: Please provide information about any other resources, benefits, and other amounts received by the student and any members of the student’s household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans’ education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page with the student’s name and ID number at the top.

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2015
Total Amount of Financial Support Received		\$

E. 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			\$

F. 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.

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