

Verification Worksheet - Independent Student

| Aid | Year |
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| | |

Your Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for review in a process called verification. Before we can determine your eligibility, we are asking you to confirm the information you reported on your FAFSA. To ensure the information is correct, we will compare your FAFSA with the information on this worksheet, and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

- 1. YOU MUST REVIEW THIS ENTIRE WORKSHEET AND ACCURATELY COMPLETE AND SIGN THIS WORKSHEET.
- 2. SUBMIT THE COMPLETED WORKSHEET, TAX TRANSCRIPTS (IF REQUESTED), AND OTHER DOCUMENTS TO THE SWCC FINANCIAL AID OFFICE, P O SVCC, RICHLANDS, VA 24641

| Α. | Independent Student's Information: | | | | | | |
|----|------------------------------------|----------------------|----------------|-------------------------|-----------------|--|--|
| | Student's Last Name | Student's First Name | Student's M.I. | Student's ID | Student's SSN | | |
| | Student's Street Address (in | nclude apt. no.) | Stude | nt's Date of Birth | | | |
| | City | State | Zip Code | Student's Email Address | @email.vccs.edu | | |

B. Independent Student's Household Information:

List below the names and ages of ALL Household Members that meet the definition here:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support f, or if the child would be required to provide your information if they were completing a FAFSA. Include children who meet either of these standards, even if they do not live with you.
- Other people, 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.

Include the name of the college, <u>if applicable</u>, for anyone listed below who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution during the current year.

| Full name of member in household | Age | Relationship to student If "other" is checked, relationship must be indicated. | Will household member attend college at least half-time (6 semester credits/term) in a degree/certificate program in the current academic year? If yes, list name of college. | |
|----------------------------------|-----|--|---|--|
| | | Self | Southwest Virginia Community College | |
| | | Spouse, if married | ☐ No☐ Yes Name of college: | |
| | | □ child □ other: | ☐ No☐ Yes Name of college: | |
| | | □ child □ other: | ☐ No☐ Yes Name of college: | |
| | | □ child □ other: | ☐ No☐ Yes Name of college: | |
| | | □ child □ other: | □ No □ Yes Name of college: | |
| | | ☐ child ☐ other: | □ No □ Yes Name of college: | |

C. Independent Student's (and Spouse's, if applicable) Income Information to Be Verified:

1. COMPLETE THIS SECTION ONLY IF A 2015 TAX RETURN WAS OR WILL BE FILED: Check one applicable box

| The Financial Aid Office did not request tax transcripts be submitted with this Verification Worksheet from me (or my spouse, if I am |
|---|
| married). (You would have specifically been notified to submit tax transcripts along with the request to submit this Worksheet.) |

| П | The Financial Aid | Office is | requesting tax information | from me and I the student | l (and if married | my snouse). Select One |
|---|-------------------|-----------|--------------------------------|----------------------------|-------------------|----------------------------------|
| _ | | OHIGE IS | HEGUESIIIU IAX IIIIOIIIIAIIOII | HOIH HIE AHU I. HIE SLUUEH | i tanu ii mameu. | TIIV SUUUSEI. SEIECE OTIE |

| Have filed taxes and attached are the IRS tax return transcripts (not photocopies of income tax returns) requested by the Financial Aid |
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| Office. (If you have filed a joint return, and are no longer married as of the FAFSA filing date, you, the student, must also submit your |
| W-2 or earning statements) |

| Will use the IRS Data Retrieval Tool at FAFSA.gov. (See instructions at the top of page two of this worksheet.) <i>I will confirm that the</i> |
|--|
| information was processed with the Financial Aid Office 3 days after I use the IRS Data Retrieval Tool online prior to submitting this form. |

Financial Aid & Student Accounts Support Center

Call toll free 1.855-877-3944 or

| | | date of the FAFSA filing, but my s understand that we are not able to | | | | | |
|--|--|---|---|---|---|--|--|
| | | by the IRS deadline and have atta d taxes paid. If self-employed a si | | | | | |
| FAF IRS avail | SA Corrections," and navigate Data Retrieval Tool to transseld to the IRS Data Retrietional information on using the second contraction on the IRS paragraph of the IRS paragraph | Data Retrieval Tool on FAFSA. eate to the Financial Information se efer IRS income tax information int eval Tool if you electronically filed the IRS Data Retrieval tool contact anscripts, use the IRS Data Retrie | ection of the to your FA an IRS ta to the Fina | he form. Follow the AFSA. It takes up to ax return, and up to ancial Aid Office. | instructions to determine if y two to three weeks for IRS eight weeks for paper IRS t | you are eligible to use the income information to be ax return filers. For | |
| | | annot or choose not to use the IRS ad at www.irs.gov – NOT PHOTOC | | | | mit your IRS tax return | |
| | | TION IF A TAX RETURN WAS NO | | | | | |
| | Student – Sele | ect Applicable Statement | | Spouse – Select Applicable Statement | | | |
| □ I, the student, was not employed and had no income earned from work. □ I, the student, was employed but not required to file - Must list below all sources of income earned from work and attach all W-2 forms and/or other earning statements. □ I, the student, was employed but not required to file - Must list below all sources of income earned from work and attach forms and/or other earning statements. □ I, the spouse, was employed but not required to file - Must list below all sources of income earned from work and attach forms and/or other earning statements. □ I, the spouse, received Social Security Benefits or SSI | | | | | uired to file - Must list work and attach all W-2 | | |
| Plea | | worked but were not required to | | ax return: | T | | |
| | Student/Spouse Name Spouse | Source of In Suzy's Auto Body Shop (example | | | Amount Earned \$2,000.00 | W-2 Attached? Yes | |
| | Spouse | Suzy's Auto Body Shop (example | 16) | | φ2,000.00 | 163 | |
| | | | | | | | |
| | Certification and Signatu is required. Spouse's sig | re: I certify that all the informat gnature is optional. | | | | | |
| | | | WARN | ING: If you purpos | ely give false or misleadir | ng information on | |
| | Student's Signature | | | Date | | | |
| | Spouse's Signature | | | Date | | | |

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Call toll free 1.855-877-3944 or

Visit https://mysupport.sw.edu or

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