

2015–2016 Independent Verification Worksheet – V6 Tracking Group

The federal government has selected your financial aid application for a process called verification. During verification WCC will compare information reported on your FAFSA to information on your, and your spouse's (if you're married), 2014 federal income tax transcript(s). Federal law says WCC has the right to ask you for this information before we can award you financial aid. If there are differences between your FAFSA and your tax returns, WCC may need to make corrections to your FAFSA.

Please complete, sign this worksheet, and attach (if you have not used the IRS data retrieval tool) a copy of your and your spouse's (if you're married) 2014 federal income tax return transcript.

Name	Student ID Number	Phone Number
	@	

Family Information

List the people in your household, including:

1. Yourself.
2. Your spouse, if you have one.
3. Your children, even if they do not live with you, if you will provide more than half of their support from July 1, 2015, through June 30, 2016.
4. Other people if they currently 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, 2015 through June 30, 2016.

Full Name	Age	Relationship:	College Attending (at least half time) 7/1/15 – 6/30/16
		Self	Washtenaw Community College

Student Income

If you were **not required** to file a 2014 federal income tax return, please list all sources of income, the amount(s) earned and provide copies of your W2 form(s).

Source of Income	Amount Earned in 2014
	\$
Did you attach a W2?	
<input type="radio"/> Yes	<input type="radio"/> No
If No, Explain	

Spouse Income

If you were **not required** to file a 2014 federal income tax return, please list all sources of income, the amount(s) earned and provide copies of your W2 form(s).

Source of Income	Amount Earned in 2014
	\$
Did you attach a W2?	
<input type="radio"/> Yes	<input type="radio"/> No
If No, Explain	

Verification of SNAP Benefits (Food Stamps)

Did you, your spouse, or a member of your household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp Program) sometime during 2013 or 2014?			
<input type="radio"/> No	<input type="radio"/> Yes		
If yes, then provide the name of recipient, age, and relationship to the student. (If more space is needed, please attach a separate page.)			
Name	Age	Relationship	Amount Received Per Month
			\$ _____ /month

Verification of Child Support Paid

Did you, or your spouse, pay child support in 2014?		
<input type="radio"/> No	<input type="radio"/> Yes	Name of the person who paid child support
If yes, please certify: (If more space is needed, please attach a separate page.)		
Name of person to whom child support was paid	Name and age of child	2014 Total Paid

Verification of Other Untaxed Income for 2014

Answer each question below as it applies to the student, and the student's spouse, whose information is on the FAFSA. If any item does not apply, enter \$0 where the amount is requested.

Income Source	Student	Spouse
Social Security Benefits or Supplemental Security Income (SSI)	\$_____/month	\$_____/month
Income for odd jobs, not reported on a W-2 (babysitting, yard work, etc.)	\$_____/month	\$_____/month
Unemployment	\$_____/month	\$_____/month
Child Support/Alimony Received	\$_____/month	\$_____/month
Money received or paid on your behalf (rent, utilities, food, gas, etc.)	\$_____/month	\$_____/month
Subsidized Housing/Section 8	\$_____/month	\$_____/month
Government Cash Assistance (TANF)	\$_____/month	\$_____/month
Financial Aid Refund	\$_____/month	\$_____/month
Payments to Tax-Deferred Pension and Retirement Savings Plans	\$_____/month	\$_____/month
Housing, food, and other living allowances paid to members of the military, clergy, and others	\$_____/month	\$_____/month
Veterans Non-Education Benefits	\$_____/month	\$_____/month
Other untaxed income, such as workers compensation, disability, Black Lung Benefits, untaxed portions of health savings account, Railroad Retirement Benefits, etc.	\$_____/month	\$_____/month
Income received from foreign country, converted to US dollars	\$_____/month	\$_____/month
Value of on-base military housing and/or untaxed combat pay	\$_____/month	\$_____/month
OTHER: any other resources or benefits not appearing on the FAFSA	\$_____/month	\$_____/month

In the space provided, please further explain how your family was supported in 2014.

By signing this document, you certify that the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both. If it appears the information in this document is inaccurate, we may ask you to submit additional documents to verify this information.

Student Signature	Date
Spouse Signature (optional)	Date