

# 2016-2017 Verification Worksheet

Dependent/ Independent Student  
Student Financial Aid Office



### What is Verification?

Your application was selected for a review in a process called "Verification." The Office of Student Financial Aid must compare information from your FAFSA with this Verification Worksheet, a 2015 Federal Income Tax Transcript and other financial documents. The law says we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR). Complete this verification form and submit as soon as possible to prevent delays.

[Your school must review the requested information, under the financial aid program rules (CFR Title 34, Part 668)]

### What you should do:

1. Complete and sign this worksheet. Please **do not leave any sections blank**.
2. Send the completed worksheet, tax forms, and other documents to the Student Financial Aid Office.
3. We will compare information on this worksheet and supporting documents with the information you submitted on your application and will make any corrections needed (if possible), or will contact you to make the corrections.

## A. STUDENT INFORMATION

Last Name	First Name	MI	ID Number
Address (Include Apt#)			Date of Birth
City	State	Zip	Phone Number

## B. HOUSEHOLD INFORMATION

**INDEPENDENT STUDENTS:** List the people that you (and your spouse) will provide support from July 1, 2016 through June 30, 2017. Include yourself, your spouse and your dependent children. Include other people only if they now live with you and you will provide more than half their support and will continue to provide more than half their support from July 1, 2016 through June 30, 2017.

**DEPENDENT STUDENTS:** List the people that your parents will support from July 1, 2016 through June 30, 2017. Include yourself, your parents and your parents other children if your parents provided more than half of their support or if the children were required to give parental information when applying for Federal Student Aid.

Full Name	Age	Relationship	College
		<i>Self</i>	Southwest Texas Junior College

## C. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Did one of the persons in your or your parent's household receive Supplemental Nutrition Assistance Program or SNAP benefits in **2014 or 2015**?  YES  NO

**D. TAX FORMS AND INCOME INFORMATION**

1. **FOR ALL TAX FILERS:** Please CHECK BELOW and attach a copy of the 2015 Federal Income Tax Transcript. Include any 2015 tax transcripts from Puerto Rico or a foreign income tax return. You can obtain a free federal tax transcript on the IRS website [www.irs.gov/individuals](http://www.irs.gov/individuals) or by calling 1-800-908-9946

Student       Spouse       Father       Mother

2A. **FOR ALL NON TAX FILERS:** CHECK individuals that DID NOT FILE OR NOT REQUIRED to file a 2015 Federal Income Tax Return.

Student       Spouse       Father       Mother

2B. If you DID NOT file a 2015 income tax return and EARNED an income in 2015 please provide the following information

NAME OF EMPLOYER	STUDENT	SPOUSE	FATHER	MOTHER
	\$	\$	\$	\$
	\$	\$	\$	\$

\*\*\*Provide yearly total for each employer\*\*\*

3. **UNTAXED INCOME: ENTER ZEROS IF NO FUNDS WERE RECEIVED.**

2015 SOURCES OF UNTAXED INCOME	STUDENT	SPOUSE	FATHER	MOTHER
a. Payments to tax deferred pension / saving plans	\$	\$	\$	\$
b. Child support received	\$	\$	\$	\$
c. Housing, food & other living allowances paid to members of military, clergy & others	\$	\$	\$	\$
d. Veterans non-education benefits	\$	\$	\$	\$
e. Additional untaxed income	\$	\$	\$	\$
f. Money received or paid on students behalf	\$	\$	\$	\$

\*\*\*Provide yearly total. DO NOT LEAVE ANY OF THESE FIELDS BLANK\*\*\*

**E. CHILD SUPPORT PAID**

Did one of the persons in your or your parent's household PAY child support in 2015, regardless if court ordered or voluntarily?

NO       Yes- If yes, complete the section below

NAME OF WHO PAID SUPPORT	NAME OF WHOM RECEIVED SUPPORT	NAME OF CHILD	2015 AMOUNT
			\$
			\$
			\$

**F. SIGN THIS WORKSHEET**

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. IF DEPENDENT, ONE PARENT MUST SIGN.

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

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form and ALL other requested documentation to your local SWTJC Campus.

SWTJC UVALDE CAMPUS  
2401 GARNER FIELD ROAD  
UVALDE, TX 78801  
830-591-7368

SWTJC DEL RIO CAMPUS  
207 WILDCAT DRIVE  
DEL RIO, TX 78840  
830-775-1579

SWTJC EAGLE PASS CAMPUS  
4003 HIGHWAY 227 SOUTHEAST  
EAGLE PASS, TX 78852  
830-758-4116