

## **Independent Verification Worksheet**

Ind - V6

2015-2016

Financial Aid signature required

Please read the entire form, complete ALL sections, attach the requested documentation, sign the form, and return to the Financial Aid Office. By law Mesalands Community College (MCC) has the right to request this information before awarding financial aid. If there are differences between the information submitted and your Free Application for Federal Student Aid (FAFSA), the school will make the necessary changes. Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.

Part 1. Student Information:			
First Name:	Last Name:	Student ID:	
Address:		Date of Birth:	
City, State, Zip:		Phone:	
Mesalands E-mail addres	s:	@mesalands.net	
Part 2. Student (and spouse) Tax I	nformation:		
Completing the FAFSA requires using tax system. If the IRS Data Retrieval Option v	information - either paper forms or the		
If you and/or your spouse did not use the using the IRS service now. After you con	IRS Data Retrieval Option go to www.fa	<u>fsa.gov</u> and update the	
If you and/or your spouse did not or could a copy of tax return transcripts. Tax return transcripts may be ordered by calling (80 accepted.	rn transcripts can take two or more weel	ks <i>to arrive.</i> Your 2014	tax return
STUDENT: Mark the line that best applies	s. Follow the instructions. Attach docur	nents if required.	
Did the student and/or spouse file		If "yes," go to 1.a. If "no," skip to que	stion 1.b.
YES If "y	e use the IRS Data Retrieval option to co yes," go to Part 3. no," <u>attach a copy of the IRS tax return t</u> I go to Part 3.		
or earn any income in 201	ouse did not file a tax return, did the stu 4? yes," fill in the box below and attach all \ no," go to Part 3.	•	
Name of employers in 2014	Total amount earned in 20	14 Is W2 Attached	?
1.	\$	Yes N	lo
2.	\$		lo
3.	\$		lo
4.	\$	Yes N	0

## Part 3. Family Information:

List the persons in your household in the chart below. Include the following:

- 1. Yourself.
- 2. Your spouse if you are married.
- 3. Your children if you will provide more than half of the children's' support from July 1, 2015 to June 30, 2016.
- 4. 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 their support from July 1, 2015 to June 30, 2016.

Also, identify the name of the college for any family member who will be attending college between July 1, 2015 and June 30, 2016 and will be <u>enrolled at least half-time</u> (6 or more credit hours) in a degree or certificate program. If you need more space add a separate page.

First and Last Name*	Age	Relationship	Name of College in 2015-2016**	Enrolled at least ½ time
Example: Martha Jones	9	Daughter	Fort Lewis	
1. (Student):		SELF		
2.				
3.				
4.				
5.				
6.				

<sup>\*</sup>Proof of financial support may be requested.

Part 4. Additional Information:
A. SNAP (Food Stamps) received in 2013 and/or 2014
Did anyone listed in your household in Part 3 above receive Supplemental Nutrition Assistance Program (SNAP) benefits (formerly Food Stamps) in 2013 or 2014?  YES If "yes," and we have reason to believe that the information is inaccurate we will require documentation from the agency that issued the SNAP benefits in 2013 and/or 2014.  NO
B. Child Support Paid in 2014
On your FAFSA, you indicated that you and/or your spouse paid child support in 2014. Please answer the following questions.
1. Did you and/or your spouse PAY child support in 2014? YES If "yes," you MUST answer 2 – 5. NO If "no," skip to Part 5.
2. Write the TOTAL amount actually paid in all of 2014: 3. Name of person who paid child support in 2014: 4. Name the person to whom child support was paid: 5. List the children for whom the child support is intended:
*If the figure differs from what was reported on the FAFSA further documentation (cancelled checks, legal documents, etc.) may be requested.

Part 5. Additiona	I Financial and Untaxed Income Information to be Ve	<u>erified</u>
<ol> <li>Report annual an</li> </ol>	nounts and do not leave any line blank.	
	2014 Additional Financial Information	
Parents	(Refer to lines 43 a-f for Student and lines 91 a-f for Parent on the FAFSA)	Student/Spouse
\$	Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31	\$
\$	Child support <b>paid out</b> because of divorce or separation or as a result of a legal requirement. <b>Don't include support</b> for children <b>in your (or your parents') household</b> , as reported in question 93 (or question 72 for your parents) of the FAFSA.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships	\$

<sup>\*\*</sup>Proof of enrollment in 2015-2016 may be requested.

Parents	(Refer to lines 43 a-f for Student and lines 91 a-f for Parent on the FAFSA)	Student/Spouse
\$	Taxable student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income of your federal tax return. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income of your federal tax return. Do not enter untaxed combat pay.	\$
\$	Earning from work under a cooperative education program offered by a college	\$
\$	Payment to tax-deferred pension and saving plans (paid directly or withheld from earnings), including, but not limited to amounts reported on W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 28 + 32 or 1040A-line 17	\$
\$	Child support <b>received</b> for all children. <b>Don't include</b> foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040- lines(15a minus 15b) or 1040A-lines(11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines(16a minus 16b) or 1040A-lines(I2a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food, and other living allowances paid to members of the military (BAS basic allowance), clergy, and others (including cash payments and cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of basic military allowance for housing (BAH).	\$
\$	Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$
\$	Other untaxed income/benefits not reported in items 44a through 44h (or items 92a through 92h for your parents), such as workers' compensation, disability, first time home buyer's credit, etc. <b>Don't include</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act 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.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form	\$

## YOU MUST SUBMIT THIS FORM IN-PERSON OR BY MAIL WITHIN TWO WEEKS. <u>E-MAIL AND FAXES WILL NOT BE ACCEPTED</u>.

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and accurate. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature Date		Spouse Signature (optional)	
	Name of Financial Aid Staff Member:		
		Signature of Financial Aid Staff Member:	
		Date received all documents:	

Address: Mesalands Community College, Financial Aid Office, 911 South Tenth St., Tucumcari, NM 88401 Phone: 575-461-4413, x136 Fax: 575-461-1901