

Independent Verification Worksheet

Ind - V1

2017-2018

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 Ir	nformation:				
First Name:	Last Name:		Student ID:		
Address:			Date of Birth:		
City, State, Zip:			Phone:		
City, State, Zip.			i none.		
Mesa	lands E-mail address:		@mesalands.edu		
Part 2 Student (ar	nd spouse) Tax Information	on:			
	A requires using tax information		automatic IRS Data Retrieval		
			our FAFSA move to question 1.		
If you and/or your spouse did not use the IRS Data Retrieval Option go to <u>www.fafsa.ed.gov</u> and update the					
FAFSA using the IRS s	service now. After you comple	ete this step check the approp	riate line below.		
If you and/or your spouse did not or could not use the IRS Data Retrieval option you must provide our office with					
			o or more weeks to arrive. Your		
2015 <u>tax return transcripts</u> may be ordered by calling (800) 908-9946 or online at <u>www.irs.gov</u> . Other tax forms will NOT be accepted.					
•					
STUDENT: Mark the li	ne that best applies. Follow th	he instructions. Attach docun	nents if required.		
· · · · · · · · · · · · · · · · · · ·			If "yes," go to 1.a.		
<u> </u>	<u>- aa, o opoudo a 20.10</u>	NO			
4 - B'14 - 4		DO Data Batalanal anti-m to a se			
1.a. Did the student and/or spouse use the IRS Data Retrieval option to complete or update the FAFSA? YES If "yes," go to Part 3.					
NO If "no," attach a copy of the IRS tax return transcript (see directions above) and go					
	to Part 3.	-	_		
1 h Evon if the	e student and/or spouse did n	ot file a tay return, did the stu	dont work at all or oarn any		
income in 2015	-	of the a tax return, did the stud	dent work at all or earn any		
YES	If "yes," fill in the box	below and attach all W2 form	s.		
NO	If "no," go to Part 3.				
Name of emplo		Total amount earned in 201	5 Is W2 Attached?		
1.	, o. o . m 2010	\$	Yes No		
2.		\$	Yes No		
3.		\$	Yes No		
		e	Voc. No.		

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, 20176 to June 30, 2018. 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, 2017 to June 30, 2018. Also, identify the name of the college for any family member who will be attending college between July 1, 2017 and June 30, 2018 and will be enrolled at least half-time (6 or more credits) in a degree or certificate program. If you need more space add a separate page. Name of College in **Enrolled at least** First and Last Name* Age Relationship 2017-2018** ½ time Example: Martha Jones 9 Daughter 1. (Student): **SELF** 3. 4. 5. 6. *Proof of financial support may be requested. **Proof of enrollment in 2017-2018 may be requested. Please return this form and all required attachments within two weeks. Your financial aid WILL NOT be finalized until all verification paperwork is complete. 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. Spouse Signature (optional) **Student Signature** Date **Date**

FINANCIAL AID OFFICE USE ONLY				
Signature of Financial Aid Staff Member:				
Date received all documents:		_		
Verification completed:		_		

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