



Independent Verification Worksheet

Ind - V1

2018-2019

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 address: _____@mesalands.edu		

Part 2. Student (and spouse) Tax Information:
<p>Completing the FAFSA requires using tax information - either paper forms or the automatic IRS Data Retrieval system. If the IRS Data Retrieval Option was used and you made no changes to your FAFSA move to question 1. If you and/or your spouse did not use the IRS Data Retrieval Option go to www.fafsa.ed.gov and update the FAFSA using the IRS service now. After you complete this step check the appropriate line below.</p> <p>If you and/or your spouse did not or could not use the IRS Data Retrieval option you must provide our office with an official copy of your <u>tax return transcripts</u>. <i>Tax return transcripts can take two or more weeks to arrive.</i> Your 2016 <u>tax return transcripts</u> may be ordered by calling (800) 908-9946 or online at www.irs.gov. Other tax forms will NOT be accepted.</p>

STUDENT: Mark the line that best applies. Follow the instructions. Attach documents if required.

1. Did the student and/or spouse file a 2016 federal tax return? YES ___ If "yes," go to 1.a.
 NO ___ If "no," skip to question 1.b.

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.b. Even if the student and/or spouse did not file a tax return, did the student work at all or earn any income in 2016?
 YES ___ If "yes," fill in the box below and attach all W2 forms.
 NO ___ If "no," go to Part 3.

Name of employers in 2016	Total amount earned in 2016	Is W2 Attached?	
1.	\$	Yes	No
2.	\$	Yes	No
3.	\$	Yes	No
4.	\$	Yes	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, 2018 to June 30, 2019.
- 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, 2018 to June 30, 2019.

Also, identify the name of the college for any family member who will be attending college between July 1, 2018 and June 30, 2019 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.

First and Last Name*	Age	Relationship	Name of College in 2018-2019**	Enrolled at least 1/2 time
<i>Example: Martha Jones</i>	<i>9</i>	<i>Daughter</i>		
1. (Student):		SELF		
2.				
3.				
4.				
5.				
6.				

*Proof of financial support may be requested.

**Proof of enrollment in 2018-2019 may be requested.

**YOU MUST SUBMIT THIS FORM IN-PERSON OR BY MAIL WITHIN TWO WEEKS.
E-MAIL AND FAXES WILL NOT BE ACCEPTED.**

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.

Student Signature

Date

Spouse Signature (optional)

Date

FINANCIAL AID OFFICE USE ONLY

Signature of Financial Aid Staff Member: _____

Date received all documents: _____

Verification completed: _____