## **Financial Aid Office**

**D-V**5

## 2015-2016 Verification Worksheet

# **Dependent Student V-5**

The U.S. Department of Education and/or Southwestern College (SWC) selected your application for review in a process called "Verification." In this process, we are required by law to compare information from your FAFSA with the information provided on this form and all requested financial documentation. Corrections may be deemed necessary. We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.

Α.	Stud	lent In	formation
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Last Name First Name MI SWC ID Number Date of Birth

## B. Family Information

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s),
- Your parent(s)' other children, if
  - Your parent(s) will provide more than half of their support from July 1, 2015 through June 30, 2016, or
  - The children would be required to provide parental information if they were completing a 2015-2016 FAFSA,
- Other people who live with and will receive more than half of their support from your parent(s) from July 1, 2015 through June 30, 2016.

#### Please include the parent(s) listed on the FAFSA

List the names of all household members below and whether the household member is attending college at least 1/2 time. Attach a separate sheet if you need additional space.

Full Name	Age	Relationship	Attending College in 2015-2016
		Myself	Southwestern College

### C. Dependent Student's Income Information

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The student has used the IRS Data Retrieval Tool in FAFSA to transfer 2014 IRS income tax return information into the student's FAFSA.

The student's 2014 IRS Tax Return Transcript (NOT the income tax return) is attached to this worksheet. For instructions, see page 2.

The student had no income, will not file and was not required to file a 2014 income tax return.

The student was **employed in 2014, but will not file and was not required to file** an income tax return. List the names of all of the student's employers, the amount earned from each employer in 2014 and attach the IRS W-2 forms. Please include every employer, even if they did not issue an IRS W-2 form.

Employer's Name	Amount earned in 2014	IRS W-2/1099G (Unemployment) Attached?
Suzy's Auto Body Shop (example)	\$2000.00 (example)	Yes (example)

Last Name	_
SWC ID Number	

### D. Parent(s)' Income Information

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The parent(s) have used the IRS Data Retrieval Tool in FAFSA to transfer 2014 IRS income tax return information into the student's

The parent(s)' 2014 IRS Tax Return Transcript (NOT the income tax return) is attached to this worksheet. For instructions, see below.

The parent(s) had no income, will not file and was not required to file a 2014 income tax return.

The parent(s) were **employed** in **2014**, **but** will **not file** and **were not required to file** an income tax return. List the names of all of the parent(s)' employers, the amount earned from each employer in 2014 and attach the IRS W-2 forms. Please include every employer, even if they did not issue an IRS W-2 form.

Employer's Name	Amount earned in 2014	IRS W-2/1099G (Unemployment) Attached?
Suzy's Auto Body Shop (example)	\$2000.00 (example)	Yes (example)

<sup>\*\*</sup>Instructions for obtaining an IRS Tax Return Transcript: Go (1) to www.IRS.gov or (2) call 1-800-908-9946 and select "Get Transcript of Your Tax Records." If online, click "Get Transcript ONLINE" or "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account Transcript."

BAS (Basic Allowance for Subsistence-If not applicable, check here.   ) To be completed ONLY if either or both parents were in the military								
during 2014.	Father:	Enlisted (\$357.55)	Months in 2014	Officer (\$246.24)	Months in 2014			
	Mother:	Enlisted (\$357.55)	Months in 2014	Officer (\$246.24)	Months in 2014			

### E. Child Support Paid (If not applicable, check here. □)

Complete this section if one of the student's parents paid child support in 2014.

Indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names and ages of the children for whom child support was paid and the total **ANNUAL** amount of child support paid in 2014 for **EACH** child. If asked by the school, you will be required to provide documentation of the payment of child support. If you need more space, attach a separate page that includes the student's name and SWC ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Age of Child for Whom Child Support was Paid	Amount of Child Support Paid in 2014
Marty Jones (example)	Chris Smith	Terry Jones	13	\$6000.00

### F. Receipt of SNAP Benefits (If not applicable, check here. □)

Check the appropriate box if you or anyone in your parent(s)' household listed in Section B received benefits from the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) any time during 2013 or 2014.

Parent(s) SNAP □	Student SNAP □

**Note**: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

G Statement o	f Educational Durnes	•			SW	C ID Number	
I certify that I,		(print st				ent of Educational Purp cost of attending South	
Student's Si <sub>l</sub>		in the presence of a Find	ancial Aid A			-	
H. Government Check <u>ONE</u> box:	☐ Driver's License	□ Passport		en Registration Card	MINISTRATOR  □ Military Card	☐ CA or State ID	
	Student ID Nur	nber:		Received by:			
	Date:			FA Administrator's S	Signature:		
<ul> <li>A copy of the</li> <li>An academic credit toward</li> <li>If State law a high school student to recognized school cour</li> </ul>	ne student's final offici ne student's General E ic transcript that indic rd a Bachelor's Degre requires a homescho ol diploma or its reco obtain a secondary equivalent), a transcresses the student comp	Educational Deve cates the student e. poled student to ognized equivaler school complet cript or the equiv	lopment success obtain a nt), a co tion cre- valent, s	t (GED) certificate, GR fully completed at le secondary school co py of that credential dential for homesch igned by the studen	ED transcript or HiSe ast a two year prog empletion credentia I. If State law does nool (other than a at's parent or guard		ner than schooled a or its condary
1, 2012 WILL NO (ATB) alternatives alternatives inclu	☐ If you are unable that you are not eliginot have a High School T be eligible to receive if the student complede the student passing	Diploma or a recog Title IV student ai ted those ATB alte g an independentl dent foreign high so	ncial Aid gnized equ d. Stude grnatives y admini chool dip	uivalent (e.g., GED), and nts could qualify for To and was enrolled in a stered, approved ATB	d who first enroll in a itle IV student aid un Title IV eligible progr test or successfully to an outside agency	that you understand  program of study on or der one of the Ability t am prior to July 1, 201 completing at least six for evaluation purposes	o Benefit 2. Those c units of
	fies that the information repo	orted is complete and co	orrect and	that any false statement or f	ailure to provide proof who	en asked may be cause for de	lay, denial,
reduction or withdrawa	al of financial aid. Warning: pu	rposely giving false and	or mislead	ing information may be cause	for a fine, sentence to jail o	r both.	

Last Name \_\_\_\_\_

Date