

VERIFICATION WORKSHEET VERSION 5

2016 - 2017

Due to the information you provided, your current (2016-2017) Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *Verification*. Your FAFSA will be compared to the information on this worksheet along with any other required documents. If there are inconsistencies, your FAFSA information may need to be corrected. You and one parent must complete and sign this worksheet and submit it, along with all requested supporting documents, to the Student Financial Services Office. **This process takes 14 working business days once all requested documents are received.** To locate other forms, go to polk.edu; click on Admission & Aid, Financial Aid, and then Forms. If you have any questions about verification, you can contact the Student Financial Services Office via email, phone, or by visiting as soon as possible so that your financial aid will not be delayed.

Student Name (Please Print): _____ Student ID: _____

Contact Phone Number: _____ Term: _____

A. Dependency Status and family information: Please read below and fill in the boxes.

Dependent- I was required to provide parental data on the FAFSA (this includes students who do not live with their parents and DO NOT fall into the category of married, financially supporting a child at 51% for the 2015 year, serving in the military, a veteran, or a qualified unaccompanied youth).

Please include in the table below:

- Parents/stepparents (*who provide more than half of your financial support*)
- Your parents'/stepparent's dependent children, if your parents/stepparent will provide more than half of their support, or if the children would be required to provide parent information when applying for financial aid.
- List other people only if they now live with **your parent(s)**, if your parent(s) provide more than half of their support **AND** will continue to provide it from July 1, 2016 through June 30, 2017.
- Include the name of the **college** attended by any household member who will be a student **at least half time** between July 1, 2016 and June 30, 2017 (*No abbreviations please*).

Independent - A student is considered independent if (s)he is married, has a child (s)he takes care of 51% of the year, serves in the military, or is a veteran or a qualified unaccompanied youth.

- You and your spouse, if married
- Your dependent children, if you will provide more than half of their support
- List other people as part of your household only 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 through June 30, 2016.
- Provide the name of the college for any household member who will be attending at least half time between July 1, 2015 and June 30, 2016.

First & Last Name	Age	Relationship	Full College Name
		Self (student)	Polk State College

B. Income Information: Please check the box that applies.

The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at www.FAFSA.gov. If the IRS Data Tool was not used, log into the student's FAFSA, click on "Make FAFSA Corrections," and then click on the Financial Information section. Follow the instructions to determine if you're eligible to use the IRS Data

Retrieval Tool to transfer your 2015 income tax information into your FAFSA. Please be advised that “Married Filing Separately” tax filers will not be able to use this tool.

Student/spouse (if married)

- I/We have used the IRS Data Retrieval Tool to transfer 2015 income tax return information (**Go to section D**)
- I/We **DID NOT** use the IRS Data Retrieval Tool. **Attach** a copy of your 2015 Transcript (www.irs.gov); (**Go to section D**)
- I/We certify that I did not, will not, and am not required to file a 2015 Income Tax Return. (**Go to Section C**)
- I/We amended the 2015 tax return. Attach a signed **copy of the 1040X form and tax transcripts.** (**Go to section D**)
- I/We have filed an extension for the 2015 tax year and have attached a copy of IRS form 4868, approval of extension, signed IRS 1040 form, all W-2 forms, and if self-employed, a signed statement certifying AGI, U.S. income tax paid or 2015.
- I am/We are a victim(s) of identity theft and have attached the Tax Return Database View Transcript (TRDBV) from IRS or any other IRS tax transcripts that include all of the income and tax information required to be verified, and a signed and dated statement from the tax filer. Contact IRS at 1-800-908-4490.

Parent(s)/ Step-parents

- I/We have used the IRS Data Retrieval Tool to transfer 2015 income tax return information. (**Go to section D**)
- I/We **DID NOT** use the IRS Data Retrieval Tool. **Attach** a copy of your 2015 Tax Transcript (www.irs.gov); (**Go to section D**)
- I/We certify that I/We did not, will not, and am/are not required to file a 2015 U.S. Income Tax Return. (**Go to Section C**)
- I/We amended the 2015 tax return. Attach a signed **copy of the 1040X form and tax transcripts.** (**Go to section D**)
- I/We have filed an extension for the 2015 tax year and have attached a copy of IRS form 4868, approval of extension, signed IRS 1040 form, all W-2 forms, and if self-employed, a signed statement certifying AGI, U.S. income tax paid or 2015.
- I am/We are victim(s) of identity theft and have attached the Tax Return Database View Transcript (TRDBV) from IRS or any other IRS tax transcripts that include all of the income and tax information required to be verified, and a signed and dated statement from the tax filer. Contact IRS at 1-800-908-4490.

C. Non-Tax Filers Income Information: Please read below and fill in the box.

- If you earned an income in 2015 and were not required to file a 2015 Income Tax Return. List your employer(s) below and any other income received.
- Attach all earning statements such as W-2 and/or 1099 forms. If you do not have a 1099 and worked for yourself, please provide us with a signed statement that includes the source of income, total taxes paid, and the Adjusted Gross Income.

If for any reason the information you provide is vague, we may require additional documentation. Do not leave this section blank. Please enter “N/A” for all that do not apply.

Employer Name/Source of Income <i>Note: in most situations, earning above \$10,150 requires a Tax Return to be filed.</i>	Are W-2 and/or 1099 forms attached?	Student Annual amount paid in 2015?	Parent(s)/Step-Parent 2015 Annual Amount
1.			
2.			
3.			
4.			

D. Supplemental Nutrition Assistance Program (SNAP) Benefits: Please do not leave blank.

*** Please select "Yes" and sign. If you select "No," do not sign. ***

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP), in 2014 and/or 2015?

Yes

No

If you answered "YES" above, you affirm that you and/or someone in the household received food stamp benefits during 2014 and /or 2015. The statement provided below must be signed by the parent(s)/step-parents.

I, _____, affirm that benefits were received by household member(s) during the 2014 and/or 2015 (student/spouse or parent/step-parent) academic year.

E. Child Support Paid in 2015: Enter "N/A" to what does not apply. Please do not leave blank.

On your 2016-2017 FAFSA, you stated that someone in your household paid child support due to a requirement in 2015. Please complete the following section. **If for any reason we believe the information you provide is vague, we may require additional documentation. Do not include support for children in your parent(s) household listed in section A of this form.**

Child Support parent(s)/step-parent PAID					
Name of child for whom support was paid?	Age of the child?	Name of person who paid child support in 2015? (NOT You)	Name of person receiving child support? (NOT You)	Annual amount of support paid in 2015?	Parent(s)/ Step-parent's Annual Amount Paid in 2015?

F. Untaxed Income: Please do not leave blank.

Even if the student and parent(s)/step-parent fall under the above sections, complete this section entirely (attach all relevant W-2 and/or 1099 forms). If you do not have a 1099 and have not worked, please provide us with a signed statement that includes the source of your income, total tax paid, and the Adjusted Gross Income.

Sources of Untaxed Income	Student 2015 Amount	Parent(s)/Step-parent 2015 Amount
Do you have an IRA Distribution from your IRS form 1040 or 1040A rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a pension distribution from your IRS form 1040 or 1040A rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other untaxed income or benefits not reported on this form. List income in section C of this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Payments to tax-deferred pensions and retirement saving plans (paid directly or withheld from earnings). This information is located in the W-2 form in boxes 12a through 12d, codes D, E, F, G, H, and S. Do not include amounts reported in code DD.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____

Child support received for all children. Do not include foster care or adoption payments.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
Housing, food, and other living expenses paid to members of the military, clergy (i.e. - Priest, Pastor etc.), or others (include cash payments and cash value of benefits). Do not include on-base military housing or basic military allowance for housing.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
Education credits.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
Veterans Non-education Benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Education Work-Study allowances.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
Any other money paid or received on the student's behalf (e.g., bills) not reported elsewhere on this form. This includes money you received from a parent/person whose financial information is not reported on this form.	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Pd.____ Rcv'd.____	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Pd.____ Rcv'd.____

G. High School Completion Status – Please check the box that indicates your high school completion status. *Please select only one box; this pertains to the student only.

High School diploma

Please Include:

Copy of high school diploma or copy of final high school transcript which includes the date of high school completion

GED Completion

Please include:

Copy of GED Certificate or official copy of GED Transcript

State Certificate

Copy of certificate student received after passing a state-authorized examination which the state recognizes as the equivalent of a diploma

Associate Program Completion

student completed at least a two-year degree acceptable for full credit toward a bachelor's degree

Students who completed secondary education in a foreign country
Documentation of the "secondary school leaving certificate" or other similar document

Home Schooled Students

A transcript or equivalent signed by student's parent or guardian that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a home school setting.

Validity of Identification & Statement of Educational Purpose: Please check the box (ONLY ONE) that indicates your high school completion status. Please present in person an unexpired valid government-issued photo identification. Identification cards may include, but are not limited to, a driver's license, state-issued identification, military identification, or passport. *(Copies will not be accepted under any circumstance).*

I, _____, (the student) certify that I am the individual signing this Statement of Educational Purpose and that the federal financial aid assistance I may receive will only be used for educational purposes to pay the cost of attending Polk State College for 2016-2017

NOTARY STAMP DATE

Signature of Notary

Received By (SFS Regular Employee Only)

—

Student Signature Date

Parent Signature (*if dependent*)/Spouse Date

Office of Student Financial Services
999 Avenue H NE
Winter Haven, FL 33881-4299
Phone: 863.297.1004
Fax: 863.298.6850; E-mail: financialaid@polk.edu

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.