

VERIFICATION WORKSHEET VERSION 5

2015 - 2016

Your current (2015-2016) Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *verification*. You and one parent (*if dependent*) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the Student Financial Services Office. Go to: polk.edu; click on Admission & Aid, Financial Aid, and then Forms.

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

Contact Phone Number: _____ Academic Year/Term: _____

A. Dependency Status & Family Information: Please check the box that applies.

- ☐ **Dependent-** A student is considered dependent if he/she was required to provide parental data on the FAFSA. Please include in the table below:
- You and your 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 as part of your household only if they now live with **your parents, AND they** 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.

- ☐ **Independent-** A student is considered independent if he/she was not required to provide parental data on the FAFSA. Please include in the table below:
- 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.

Full Name	Age	Relationship	Full College Name
		Self (student)	Polk State College

*Attach additional sheet if necessary to include additional members of the household.

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

Student (spouse, if married filed jointly)

- ☐ I/we have used the IRS Data Retrieval Tool at www.fafsa.gov; **skip to section D.**
- ☐ I/we **DID NOT** use the IRS Data Retrieval Tool. **Attach** a signed copy of the *IRS Tax Return Transcript* (www.irs.gov); **skip to section D.**
- ☐ I/we certify that I/we did not file, will not, and am/are not required to file a 2014 U.S. Income Tax Return. **GO to Section C.**

Parent(s) – If Dependent Student/Spouse (if filed separately)

- ☐ I/we have used the IRS Data Retrieval Tool at www.fafsa.gov; **skip to section D.**
- ☐ I/we **DID NOT** use the IRS Data Retrieval Tool. **Attach** a signed copy of the *IRS Tax Return Transcript* (www.irs.gov); **skip to section D.**
- ☐ I/we certify that I/we did not file will not, and am/are not required to file a 2014 U. S. Income Tax Return. **GO to Section C.**

C. Income Information for Non-Filers: Please complete this section if you are NOT filing taxes.

If you are not required to file a 2014 U.S. Income Tax Return, list your employer(s) and any income received in 2014 (**attach all W-2 forms or other earning statements such as 1099 Miscellaneous**). If **NO ONE** in this household (of those listed in **Section A family information of this form**) earned income by working, complete this section in entirety. **Do not leave this blank. If not applicable, enter "N/A". If for any reason we believe the information provided is not accurate, we may require additional documentation.**

Employer Name <i>Note: in most situations, earning above \$10,150 requires a Tax Return to be filed.</i>	Student 2014 Amount	Parent(s)/Spouse (if dependent) 2014 Amount
1.		
2.		
3.		

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

***Please select Yes or No. DO NOT leave anything blank.**

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP), in 2013 and/or 2014?

☐

Yes

☐

No

The statement in the area provided below must be signed by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2013 and/or 2014.

I, _____, affirm that benefits were received by some household members during the 2013 and/or 2014
(student/parent/spouse) academic year.

E. Child Support Paid: Please do not leave blank if you reported paying child support in 2014.

On your 2015-2016 FAFSA, you stated that someone in your household paid child support due to a requirement in 2014. Please complete the following information. **DO NOT LEAVE THIS BLANK; if not applicable, enter "N/A". If for any reason we believe the information provided is not accurate, we may require additional documentation.**

Child Support you, spouse or if dependent your parent PAID				
Child's Name and age	Name of person paying support	Name of person receiving child support	Student Annual Amount	Parent(s) / Spouse (if dependent) Annual Amount

F. Untaxed Income: Please do not leave blank. *Please select YES or NO; DO NOT leave anything blank.

Sources of Untaxed Income	Student 2014 Amount	Parent(s) (if dependent) / Spouse (if married, filed separately) 2014 Amount
Are the IRA Distributions from your IRS form 1040 or 1040A a rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the pensions Distributions from your IRS form 1040 or 1040A a rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there any other income not reported and not taxed? (If so, please include in Section C.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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. Must be on file or submitted.

☐ **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

☐ **State Certificate**

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

☐ **Students who completed secondary education in a foreign country**

Documentation of the “secondary school leaving certificate” or other similar document

☐ **GED Completion**

Please include:

Copy of GED Certificate or official copy of GED Transcript

☐ **Associate Program Completion**

Copy of academic transcript showing student completed at least a two-year degree acceptable for full credit toward a bachelor's degree

☐ **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 submit valid government-issued photo identification, including but not limited to a driver's license, state-issued identification, military identification, or passport. *Copies must be attached to this document or documents submitted via fax or email.

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 2015-2016.

NOTARY STAMP

DATE

Signature of Notary

Received By (SFS Regular Employee Only)

Student Signature /Student ID# Date

Parent Signature (if dependent) / Spouse Date

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Office of Student Financial Services

999 Avenue H, N.E.

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.