FORM - 17V6I



A. Student's Information

# Office of Financial Aid 2016/2017

### Independent Household Resources Verification Worksheet

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Student's Last Name	First Name	M.I.		Holmes ID Nu	umber
Student's Street Address (include			Social Security Number	ır	
City State Zip Code			Student's Phone Numb	er (include area code)	
A. Family Information/Mar	<b>ital Status</b> – Ind	icate your marita	l status:		
Never Married	Married/Re	married	_ Divorced	Separated	Widowed
Mari	tal Status Effecti	ve Date (Month/	Year)	orced, please attach a cop	w of the divorce decree
<ul> <li>List below the people in the student.</li> <li>The student's spouse, if the st</li> <li>The student's or spouse's chil June 30, 2017, even if the chi</li> <li>Other people if they now live to provide more than half of the student's or spouse's children in the student in the student</li></ul>	udent is married dren if the stude ldren do not live with the student heir support thro	nt or spouse will with the student. and the student ough June 30, 201	or spouse prov 7.	vides more than half of the	eir support and will continue
For any household member who postsecondary educational instit	cution any time b	etween July 1, 20	16, and June	30, 2017, include the nam	
If more space is needed, provide Full Name	e a separate page Age	Relationship	s name and I	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Holmes Co	ommunity College	,
Note: We may require addit		4 1			

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

#### STUDENT TAX FILERS

#### (COMPLETE THIS SECTION ONLY IF STUDENT/SPOUSE FILED A 2015 IRS TAX RETURN)

#### B. Verification of 2015 IRS Income Tax Return Information for Student Tax Filers

**Instructions**: Complete this section if the student and spouse <u>filed or will file</u> a 2015 IRS income tax return(s). *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 <u>FAFSA.gov</u>. In most cases, no further documentation is needed to verify 2015 IRS income tax return information that was transferred into the student's FAFSA using the IRS DRT if that information was not changed. A copy of your federal tax return is NOT acceptable. If you do not have a copy of your 2015 tax transcript (not account transcript), you must request a copy directly from the IRS at www.irs.gov or by calling 1-800-908-9946. The website allows for immediate retrieval.* 

Check the box that applies:  The student has used the IRS DRT in FAFSA	on the Web to tran	sfer 2015 IRS income tax r	return information into the			
student's FAFSA  The student is <u>unable or chooses not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the school a <b>2015</b> IRS Tax Return Transcript(s). (signature not required)						
If the student and spouse filed separate 2015 IRS inco	ome tax returns, 20	15 IRS Tax Return Trans	scripts must be provided for both.			
STU (DO NOT COMPLETE IF	JDENT NON-TAI SECTION C APE		LETED)			
C. Verification of 2015 Income Information for Starting instructions and certifications below apply to the stand spouse will not file and are not required to file a 20 RS to verify non-tax filer status or wages earned.	student and spouse,	if the student is married.				
Check the box that applies:						
☐ The student and spouse were not employed and ☐ The student and/or spouse were employed in 2 each employer in 2015, and whether an IRS V student and spouse by their employers]. List e transcript from the IRS.	2015 and have liste V-2 form is provide	ed below the names of all ed. [Provide copies of all 20	015 IRS W-2 forms issued to the			
If more space is needed, provide a separate page	e with the student's					
Employer's Name		2015 Amount Earned	IRS W-2 Provided?			
Suzy's Auto Body Shop (example)		\$2,000.00	Yes			
The student certifies that a member of the student's how SNAP (formerly known as the Food Stamp Program ome states. For assistance in determining the name use The student's household includes:  The student.  The student's spouse, if the student is married.  The student's or spouse's children if the student or June 30, 2017, even if the children do not live with Other people if they now live with the student and to provide more than half of their support through Note: If we have reason to believe that the information locumentation from the agency that issued the SNAP because of the student's household includes.	r spouse will provide the student. the student or spoulume 30, 2017. regarding the rece	2014 or 2015. SNAP may e call 1-800-4FED-AID (1-de more than half of their suse provides more than half of SNAP benefits is ina	be known by another name in 800-433-3243).  upport from July 1, 2016, through f of their support and will continue			
I certify that myself or someone in my h I certify that no one in my household red						
E. Child Support Paid (Do not include child support he student or spouse, who is a member of the student who paid the child support, the names of the persons to hild support was paid, and the total annual amount of	's household, paid whom the child so	child support in 2015. List apport was paid, the names	of the children for whom the			
f more space is needed, provide a separate page that ir  Name of Person Who Paid Child Support Support was Pa	nom Child Na	's name and ID number at me of Child for Whom Support Was Paid	the top. Amount of Child Support <b>Paid</b> in 2015			
N. J. G. L. C.	P 193	I				
Note: If we have reason to believe that the information regard A copy of the separation agreement or divorce dec A statement from the individual receiving the child Copies of the child support payment checks or mo	cree that shows the d support certifying	amount of child support to	be provided;			

Student Name: \_\_\_\_\_ ID # H00 \_\_\_\_\_ Revised 02/2016

#### **Untaxed and Other Sources of Income Worksheet**

Documentation of benefits, including denial or ineligibility for benefits, may be requested after review of the information you provide. Please provide **yearly** amounts only.

### \*\*PLEASE DO NOT LEAVE ANY BLANKS. ENTER "0" IF NOT APPLICABLE.\*\*

Student	Additional Income	Spouse	
\$	Education credits (Hope, Lifetime Learning, and American Opportunity tax credits) from the IRS Form 1040 (line 49) or 1040a (line 31). (2015 federal taxes).	\$	
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	
\$	Student grant and scholarship aid reported to the IRS in your adjusted gross income. Include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.		
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income.	\$	
Student	Untaxed Income	Spouse	
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. (2015 W2 forms).		
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040, line 28 + line 32, or 1040A, line 17. (2015 federal taxes)	\$	
\$	Child support received for all children. Don't include foster care or adoption payments.	\$	
\$	Tax exempt interest income from IRS Form 1040, line 8b or 1040A, line 8b. (2015 federal taxes).	\$	
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. (2015 federal taxes).	\$	
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. (2015 federal taxes).		
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	
\$	Veteran's non education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	
\$	Other untaxed income not reported in items 92a through 92h, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$	
\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$	
=\$	<b>Total columns</b> —answer must be provided (may not leave items blank). Enter zero if item does not apply to you. Further documentation may be requested.	=\$	

# Certification and Signature: WARNING: If you purposely give false or misleading information you may be fined, be

sentenced to jail, and/or removed from school.	laise of misicading information you may be fined, be
Each person signing below certifies that all of the information reported i	s complete and correct.
Student's Signature (Required) no electronic signature, must be original	Date
Spouse's Signature (Optional) no electronic signature, must be original	Date
Return this form and all requested documentation by one of the following means: take to Goodman, MS 39079, fax to 662-472-9170 or	

ID # H00 \_\_\_\_\_ Student Name: \_\_\_\_\_ Revised 02/2016