Student's Name: \_\_\_\_\_



#### **Financial Aid Office**

2200 E. Red River, Victoria, TX 77901 (361) 572-6415 (361) 572-6493 (fax)

FinancialAid@VictoriaCollege.edu

# Verification Worksheet: Independent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The VC Financial Aid Office will be comparing the information provided on this form and on other requested documents to the information you provided on your *Free Application for Federal Student Aid* (FAFSA). If there are differences between your application information and your financial documents, we will make the corrections electronically. You must complete and sign this worksheet then submit the form and other required documents to the VC Financial Aid Office. Upon review of your information, we may also ask for additional information.

## A. Student's Information

Student's Last Name	Student's First Name	Student's Middle Initial
Student's Social Security Number ar	nd/or V#:	

## B. Student's Family Information

#### Please list:

- Yourself.
- Your spouse, if you are married.
- Your dependent children. List only those who will receive more than half of their support from you for the period of July 1, 2016, through June 30, 2017. Do NOT include children for whom you pay child support.
- 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 of their support through June 30, 2017.

Student's Name:					
Family Information					
Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time	
		Self	Victoria College		
C. SNAP benefits (Fo	ood Stamps)				
Did anyone in your househ penefits in 2014 and/or 20	• •	mental Nutrition A Yes	ssistance Program No	(SNAP/Food Stamps)	
(If yes, attach docu	mentation of bend	efits received.)			
D. Child Support Pai	d				
Did you or your spouse <b>pa</b> y	child support in 2	2015? Yes	No		
(If yes, attach docu	mentation of payr	ments.)			
If yes, to whom was the support paid?				Amount paid in 2015:	
Name of Children s	upport paid for:				

Student's Nar	ne:					
E. Stude	ent's Income	Information				
Were you required to file a 2015 tax return?				Yes	No	
If Yes	, select one of	the following:				
	I utilized the FAFSA IRS Data Retrieval Tool. No changes were made to any of the transferred data elements.					
	I could not utilize the FAFSA IRS Data Retrieval Tool. (Attached is the IRS Tax Return Transcript)					
	I did not utilize the FAFSA IRS Data Retrieval Tool. I will order my official IRS Tax Return Transcript and submit it to the financial aid office as soon as possible. (Contact: <a href="www.irs.gov">www.irs.gov</a> or 1-800-908-9946)					
If No,	select one of	the following:				
	I was not employed and had no income from work during the 2015 tax year.					
	I was employed but was not required to file a tax return. All W-2's are either attached or will be submitted in a timely manner.					
Are you marri	ed?	Yes	No	Separated		
If sep	<b>arated</b> , sepai	rated as of (mor	nth/day/year):			
=	arated, pleas nentation.	e complete the	Marital Separa	tion Form and	provide all requested	
If Yes	, did you file a	joint tax return	for 2015?	Yes	No	
If your spouse filed a separate tax return, please submit the IRS Tax Transcript with this form.						
Did yo	ur spouse wor	k in 2015?		Yes	No	
	If yes, and th	ney did not file a	a tax return, plo	ease submit the	eir W2's.	

	Earned				
(Example) Suzy's Auto Body Shop	\$2,000.00	Yes			
F. Certification and Signature  Each person signing this form certifies that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.					
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.					
Student's Signature:	Date:				

If you did not file a tax return, please list all employers for 2015 and the amount earned:

2015 Amount IRS W-2 Attached?

Student's Name:

Employer's Name

Please submit completed worksheet to:

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Victoria College | Financial Aid Office | 2200 E. Red River | Victoria, TX 77901 Phone: 361-572-6415 | Fax: 361-572-6493