TIDEWATER COMMUNITY COLLEGE
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Verification Worksheet 2016-17

Your Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called "verification". The U.S. Department of Education requires that Tidewater Community College compare the information reported by you (and your parents if a dependent student) on the FAFSA to your actual financial documents. Federal law stipulates that schools maintain the right to review this information before awarding federal aid, in order to comply with federal regulations. Any errors on your FAFSA that are discovered during the verification process will be corrected electronically by Tidewater Community College with the U.S. Department of Education.

A. Student's Information

Student Name: _____ Social Security: XXX-XX-_____ Student ID: _____
(Last four digits only)

B. Student's Family Information

List below the people in your household. Include:

- Yourself (and your spouse if you are married)
- Your parents (only if you are a dependent student and their information is included on your FAFSA)
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-17. Include children who meet either of these standards, even if they do not live with you.
- If you are a dependent student, list your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017.
- Other people if they now live with you (or with your parents only if you are a dependent student) and you (or your parents only if you are a dependent student) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary (after high school) educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with your name and Student ID at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Joe Smith (example)	*28*	*Husband*	*XYZ University*	*Yes*
jane smith		*Self*		

Student's Primary Phone Number: (_____) _____ - _____

Student Name: _____ Social Security: XXX-XX-_____ Student ID: _____

C. Income Information to Be Verified

1. TAX RETURN FILERS

Instructions: Complete this section if you, the student, or your parent(s) if a dependent student, filed or will file a 2015 income tax return with the IRS.

Check all boxes that apply:

☐ I, the student, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse's) 2015 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. *Please note that the IRS Data Retrieval Tool is no longer available for transferring IRS information to the FAFSA.*

☐ I, the student's parent (if dependent), have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2015 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. *Please note that the IRS Data Retrieval Tool is no longer available for transferring IRS information to the FAFSA.*

☐ I, the student, will submit a **2015 IRS tax return transcript** or a signed and dated copy of my **2015 IRS (Federal) Income Tax Return** that was submitted to IRS. *If you need instructions for requesting a tax transcript, please see your financial aid advisor.*

☐ I, the student's parent (if dependent), will submit a **2015 IRS tax return transcript or** a signed and dated copy of my **2015 IRS (Federal) Income Tax Return** that was submitted to IRS. *If you need instructions for requesting a tax transcript, please see your financial aid advisor.*

2. TAX RETURN NONFILERS

Instructions: Complete this section if you, the student, or your parent(s) if a dependent student, will not file and are not required to file a 2015 income tax return with the IRS.

Check all boxes that apply:

☐ I, the student (and, if married, my spouse), was not employed and had no income earned from work in 2015.

☐ I, the student (and, if married, my spouse), was employed in 2015 and have listed below the names of all employers, and the amount earned from each employer in 2015. I am providing copies of all **2015 W-2** forms issued to me (and, if married, to my spouse) by employers.

☐ I, the parent(s) was not employed and had no income earned from work in 2015.

☐ I, the parent(s) was employed in 2015 and have listed below the names of all employers, and the amount earned from each employer in 2015. I (we) am providing copies of all **2015 W-2** forms issued to me.

Employer's Name	Student or Parent	2015 Amount Earned
Suzy's Auto Body Shop (example)	*Student*	*$2,000.00*

Student Name: _____ Social Security: XXX-XX-_____ Student ID: _____

D. Other Information to Be Verified

1. Complete this section if someone in the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015.

2. Complete this section if you (or your spouse, if married) or your parent(s) if a dependent student, **PAID** child support in 2015.

☐ Either I, or if married my spouse, who is listed in Section B of this worksheet, **paid** child support in 2015. I have indicated 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 of the children for whom child support was **paid**, and the total annual amount of child support that was **paid** in 2015 for each child.

☐ One (or both) of the student's parents listed in Section B of this worksheet **paid** child support in 2015. I, the parent have indicated 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 of the children for whom child support was **paid**, and the total annual amount of child support that was **paid** in 2015 for each child.

Name of Person Who **Paid** Child Support	Name of Person to Whom Child Support was **Paid**	Name of Child and Age of Child for Whom Support Was **Paid**	Amount of Child Support **Paid** in 2015
Joe Smith (example)	*Chris Smith*	*Bobby Smith*	*$6,000.00*

E. Certification and Signature

By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine of up to $20,000, imprisonment, or both.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____