

2016-2017 VERIFICATION WORKSHEET INDEPENDENT STUDENT

*Your 2016–2017 financial aid application was selected for review in a process called verification. We will compare your application with the information on this worksheet and with any other required documents. If there are differences, your application information may need to be corrected. You and your Spouse, if applicable, must complete and sign this worksheet, attach any required documents, and submit this form and other required documents to the Student Financial Services Office.*

**If any item does not apply, enter “N/A” for Not Applicable where a response is requested, or enter “0” in an area where an amount is requested.**

**Section A – Student Information**

 P000

Last Name First Name MI Student ID # Social Security #

Address (include apt. no.) Date of Birth

 ( ) ( )

City State Zip Code Student’s Cell Ph. # Alternative Ph. #

Student’s Email Address Alternative Email Address

**Section B – Independent Student’s Family Information.** List below the members of your household. Include you and your spouse, if married, your dependent children (if you provide more than half of their support from July 1, 2016, through June 30, 2017), and 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. ***If you need more space, attach a separate page that includes the student’s name and Student ID Number at the top****.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **College/University** | **Will be Enrolled at Least Half-Time** |
| *Jane Doe (example)* | *24* | *Spouse* | *Education College(example)* | *Yes* |
|  |  | **Self/Student** | **Averett University** | **Yes** |
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**Section C – Student’s & Spouses Tax & Income Information.** Check boxes that apply below.

**Check here if you are attaching copies of the signed 2015 Federal Tax Return Forms** [ ] **Student** [ ] **Spouse**

Check here if you are attaching a 2015 IRS Tax Return Transcript. [ ] **Student** [ ] **Spouse**

Check here if you will not file and are not required to file a 2015 U.S. Income Tax Return. [ ] **Student** [ ] **Spouse**

**Section D – Non Tax Filers.** If you and/or Spouses **did not file** a federal 2015 tax return, please complete this section. Check the box for people who did not and are not required to file a 2015 federal income tax return. [ ] **Student** [ ] **Did not work**

**[ ] Spouse**  [ ] **Did not work**

List below all employers and any income received in 2015**. You must submit W-2 forms or other earning statements for this income.*****If you need more space, attach a separate page that includes the student’s name and Student ID Number at the top.***

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| --- | --- | --- |
| **Name of Employer** | **Student Amount of Income** | **Spouse Amount of Income** |
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**Section E- Supplemental Nutrition Assistance Program (SNAP) Benefits Verification.** Did you or anyone in your household received benefits from SNAP during 2014 or 2015?

**[ ]  Yes** **[ ]  No** Name of Person(s) receiving SNAP benefits **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section F – Untaxed Income.** Both tax filers and non-tax filers must list any untaxed income received in 2015. Failure to complete this section will delay the processing of your financial aid. **(ENTER “0” IF NO FUNDS WERE RECEIVED)**

|  |  |  |
| --- | --- | --- |
| **Student** | **Calendar Year 2015** | **Spouses** |
| **$**  | Payments to tax-deferred pensions and savings plans (paid directly or withheld from earning) including, but not limited to, amounts reported on W-2 Form Box 12a-12d, codes D, E, F, G, H, and S. | **$** |
| **$** | Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). **TOTAL for 2015.** *(Circle payment source)* | **$** |
| **$** | Veterans’ non-education benefits, such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances. **TOTAL for 2015**. *(Circle payment source)* | **$** |
| **$** | Any other untaxed income or benefits, not reported elsewhere, such as disability insurance (not Social Security disability/SSI), etc. **TOTAL for 2015**.List Payment Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$** |

List the actual amount of child support **received in** 2015 for the children in your household. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.***If you need more space, attach a separate page that includes the Student’s Name and Student ID Number at the top.* (ENTER “0” IF NO FUNDS WERE RECEIVED).**

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| --- | --- | --- |
| *Name of Adult Who* ***Received*** *the Support* | *Name of Child For Whom Support Was* ***Received*** | Amount **Received** in 2015 |
| Mother Hubbard (example) | Son Hubbard(example) | $5000(example) |
|  |  | $ |
|  |  | $ |
|  |  | $ |

If you or your spouse listed in Section B of this worksheet **paid** child support in 2015, indicate below the name of the adult who paid the child support, the name of the adult to whom the support was paid**,** the names of the children, and the total amount of child support that was paid in 2015 for each child. If asked by the school, documentation may need to be provided for payment of child support. ***If you need more space, attach a separate page that includes the Student’s Name and Student ID Number at the top.* (ENTER “0” IF NO FUNDS WERE RECEIVED)**

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Adult Who* ***Paid*** *the Support* | *Name of Adult to Whom Support was* ***Paid*** | *Name of Child For Whom Support Was* ***Paid*** | *Amount* ***Paid*** *in 2015* |
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**Section G – Money received by or paid on the student’s behalf.** List any money received by or paid on the student’s behalf (e.g., if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc.) not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include amounts paid on the student’s behalf from a 529 Plan. ***If you need more space, attach a separate page that includes the Student’s Name and Student ID Number at the top.* (ENTER “0” IF NO FUNDS WERE RECEIVED)**

|  |  |  |
| --- | --- | --- |
| *Purpose: e.g., Cash, Rent, Books* | *Source* | *Amount Received in 2015* |
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*WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

**Section H – Certification and Signature. Each person signing this form certifies that all the information reported on it is complete and correct. The student and a spouse must print, sign, and date this form**.

**PRINT Student’s Name/ Student ID #**  ***Student’s Signature* Date**

**PRINT Spouse’s Name (if applicable) *Spouse’s Signature (if applicable)* Date**

**Averett University ▪ Student Financial Services ▪420 West Main St Danville, VA 24541▪1-800-AVERETT▪FAX:434-791-5647▪www.finaid@averett.edu**