



## Independent Student 2018-2019 Verification Worksheet

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**Verification:** You have been selected for a process called Verification. As such, we are mandated by the Department of Education to collect documents to satisfy these requirements. Please read the questions carefully and respond appropriately.

**NOTE:** Your eligibility for financial aid will not be finalized until this form and documents (if applicable) are received by our office.

**INSTRUCTIONS:** Complete this section with information about the people who will be in your household between July 1, 2018 and June 30, 2019. **Include yourself, your spouse (if you are married) and any children** who receive more than half of their support from you even if they are not claimed on your income tax return.

**ALL FIELDS MUST BE COMPLETELY FILLED OUT. Use N/A if not applicable.**

### Section A: Family Information

Include other people only if they now live with (and receive more than half of their support from) you and/or your spouse and will continue to receive this support between July 1, 2018 and June 30, 2019.

Full Name	Age	Relationship to Student	If this person will <i>attend</i> college half-time or more in 2018-2019, print the name of the college	Degree Seeking?
1.		<b>SELF</b>	<b>Roxbury Community College</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.				Yes <input type="checkbox"/> No <input type="checkbox"/>
3.				Yes <input type="checkbox"/> No <input type="checkbox"/>
4.				Yes <input type="checkbox"/> No <input type="checkbox"/>
5.				Yes <input type="checkbox"/> No <input type="checkbox"/>
6.				Yes <input type="checkbox"/> No <input type="checkbox"/>
7.				Yes <input type="checkbox"/> No <input type="checkbox"/>

Check this box if there are more than seven family members. Attach a list of these people, providing the same information as requested above for each person.

### Section B: Student Information

If you (and/or your spouse) will file a 2016 U.S. income tax return, it is recommended to use the IRS Data Retrieval Tool to update the income information on your FAFSA.



Check the box(s) below that apply.

- I/We used the IRS Data Retrieval Tool on the FAFSA and have transferred my/our 2016 IRS income tax return(s).
- I/We have not yet used the IRS Data Retrieval Tool but will once we have filed my/our 2016 IRS income tax return.
- I/We are unable to use the IRS Data Retrieval Tool (Attach 2016 Tax Transcripts; retrieve at www.irs.gov)
- I/We **will not nor are required** to file a U.S. income tax return  
 Student's Income Earned: \$ \_\_\_\_\_ (Attach W2's)  
 Spouse's (if married) Income Earned: \$ \_\_\_\_\_ (Attach W2's)

Student's Name: _____	ID# _____
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**Section C: Untaxed Income, Benefits, Income Exclusions:**

Please read below carefully and circle **Yes** or **No** for each line.

Income Sources/Exclusions	Circle Yes or No
Did you receive TANF (Welfare) Benefits in 2016?	Yes or No
Did you receive SNAP (Food Stamps) Benefits in 2016?	Yes or No
Did you receive SSI/SSDI in 2016?	Yes or No
Did you <b>RECEIVE</b> child support in 2016?	Yes or No
Did you <b>PAY</b> child support in 2016?	Yes or No

**Certification and Signatures**

*I (We) certify that all of the information on this form is complete and accurate. I (We) understand that giving false or misleading information may result in the loss of financial aid and that I (we) may be fined, be sentenced to jail, or both.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

*(If married, a spouse must also sign the form.)*