

2016-2017 VERIFICATION WORKSHEET FEDERAL STUDENT AID PROGRAMS

Your application was selected for review in a process called "verification." In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form and with signed copies of your 2015 federal tax transcript (and your spouse's if you are married, or parent(s) if you are considered dependent for federal aid process). **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

Complete this form front and back and provide the required signatures (yours and your parents(s)', if applicable).
Submit completed form to SOWELA Enrollment Services One Stop Center.

A. STUDENT INFORMATION

Last Name First Name M.I. Social Security Number or ID _____
DOB

Check ONE box below

DEPENDENT STUDENT:

List the people in your parent(s)' household. Include:

- **Yourself – PLUS:**
- Your custodial parent(s) (include step -parent)
- Your custodial parent(s)' dependent children
- Other people only if they now live with your parents, **and your parents provide more than half of their support and will continue to provide more than half of their support from 7/1/2016 – 6/30/2017.**

| Full Name | Age | College | Relationship |
|-----------|-----|---------|--------------------------|
| | | STCC | Self |
| | | | Mother/Stepmother |
| | | | Father/Stepfather |
| | | | Parent's Dependent Child |
| | | | Parent's Dependent Child |
| | | | Parent's Dependent Child |
| ** | | | |

INDEPENDENT STUDENT:

List the people in your household. Include Yourself plus:

- Your spouse, if married
- Your dependent children, if you will provide more than half of their support from 7/1/2016 – 6/30/2017.
- Other people if they now live with you, **and you provided more than half of their support and will continue to provide more than half of their support from 7/1/2016 – 6/30/2017.**

| Full Name | Age | College | Relationship |
|-----------|-----|---------|----------------------|
| | | STCC | Self |
| | | | Spouse |
| | | | Your Dependent Child |
| | | | Your Dependent Child |
| | | | Your Dependent Child |
| | | | Your Dependent Child |
| ** | | | |

If you list others in your household (besides your spouse/dependent children or your parent's spouse/dependent children) you **MUST supply proof that you provide more than half the support for that person(s)

B. TAX FORMS AND INCOME INFORMATION

Call the IRS at 1(800) 829-1040 or at www.irs.gov and print or request 2015 transcript of your tax forms.

| | |
|---|---|
| <p>Student: (Check one box only)</p> <p><input type="checkbox"/> Check and attach 2015 tax transcript.</p> <p><input type="checkbox"/> Check if you used the IRS Data Retrieval on the FAFSA and have not made any changes.</p> <p><input type="checkbox"/> Check here if you will not file and are not required to file a 2015 U.S. Income Tax Return Complete Section F.</p> | |
| <p style="text-align: center;">FOR DEPENDENT STUDENTS</p> <p>Parent(s): (Check one box only)</p> <p><input type="checkbox"/> Check and attach signed 2015 federal tax transcript.</p> <p><input type="checkbox"/> Check if you used the IRS Data Retrieval on the FAFSA and have not made any changes.</p> <p><input type="checkbox"/> Check if you will not file and are not required to file a 2015 U.S. Income Tax Return. Complete Section F.</p> | <p style="text-align: center;">FOR INDEPENDENT STUDENTS</p> <p>Spouse: (if married) (Check one box only)</p> <p><input type="checkbox"/> Check and attach signed 2015 federal tax transcript.</p> <p><input type="checkbox"/> Check if you used the IRS Date Retrieval on the FAFSA and have not made any changes.</p> <p><input type="checkbox"/> Check if you will not file and are not required to file a 2015 U.S. Income Tax Return. Complete Section F.</p> |

Student's Name: _____ SSN: _____

C. 2015 ADDITIONAL FINANCIAL INFORMATION AND UNTAXED INCOME:

Both tax filers and non-tax filers must list any untaxed income received in 2015. Enter zeros if no funds were received.

| Student (spouse) | Calendar Year 2015 | Parent(s) (step-parent) |
|------------------|---|----------------------------|
| | 2015 Additional Financial Information: | |
| \$ | Education credits (American Opportunity, Hope or Lifetime Learning tax credit) from IRS Form 1040-line 49 or 1040A-line 31. | \$ |
| | 2015 Untaxed Income | |
| \$ | Payments to a tax-deferred pension and savings plans(paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a-12d, codes D, E, F, G, H, and S. | \$ |
| \$ | IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A-line 17. | \$ |
| \$ | Child Support received for all children. Don't include foster or adoption payments. | \$ |
| \$ | Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b. | \$ |
| \$ | Untaxed portions of IRA distributions from IRS Form 1040 (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. | \$ |
| \$ | 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. | \$ |
| \$ | Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). | \$ |
| \$ | 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, such as workers' compensation, disability, etc. | \$ |
| \$ | Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. | XXXXXXXXXX |

D. FEDERAL BENEFITS- SNAP(FOOD STAMPS), SSI, FREE/REDUCE LUNCH, ETC... CALENDAR YEAR 2014

If one of the persons listed in your household that is listed on this worksheet received benefits from SNAP, SSI, WIC, etc...(benefits are listed below) during the 2014 or 2015 calendar years, please indicate which benefits(s) by placing a check beside all that apply.

- SSI (Supplemental Security Income)
 SNAP (Food Stamps)
 Free/Reduced Price Lunch
 TANF
 WIC

E. Child Support Paid

Complete this section if you or your spouse, if married, paid child support in 2015.

- Listed in Section B of this worksheet, one or more (student, spouse, or either parent) 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. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and Social Security Number at the top.*

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--------------------------------------|
| Marty Jones (example) | Chris Smith (example) | Terry Jones (example) | \$6,000.00 (example) |
| | | | |
| | | | |
| | | | |

F. 2015 Non-Tax Filers to Be Verified

STUDENT:

1. NON-TAX FILERS—Complete this section if the student, will not file and is not required to file a 2015 income tax return with the IRS.

Check the box that applies:

- The student was not employed and had no income earned from work in 2015 therefore W2’s or equivalent documents were not issued. All applicable untaxed income was reported in section C of this form.
- The student was employed in 2015 and has listed below the names of all the student’s employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to the student by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.*

| Employer’s Name | 2015 Amount Earned | IRS W-2 Attached? |
|---------------------------------|---------------------|-------------------|
| Suzy’s Auto Body Shop (example) | \$2,000.00(example) | Yes(example) |
| | | |
| | | |
| | | |

SOWELA TECHNICAL COMMUNITY COLLEGE
2016-2017
HIGH SCHOOL COMPLETION STATUS

| Last Name | First Name | M.I. | Social Security Number or ID | DOB |
|-----------|------------|------|------------------------------|-----|
|-----------|------------|------|------------------------------|-----|

You must provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2016–2017. Please indicate which document you are submitting by placing a check in the appropriate box:

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Educational Development (GED) certificate or GED transcript.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If the student is unable to obtain the documentation listed above, he or she must contact the Enrollment Services One Stop Center.

SOWELA TECHNICAL COMMUNITY COLLEGE
2016-2017
IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(To be signed in person at SOWELA Technical Community College)

Student Name: _____ **Student ID number:** _____

The student must appear in person at SOWELA Technical Community College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)
this Statement of Educational Purpose and that the Federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending SOWELA Technical Community College for 2016-2017.

Student's Signature

Date

Student ID number

FAO Signature

Date

One Stop Enrollment Center
3820 Sen. J. Bennett Johnston Ave.
Lake Charles, LA 70615
Phone: 337-421-6545 Email: onestop@sowela.edu
www.sowela.edu/financialaid.asp

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title: Compliance Officer
Address: 3820 Senator J. Bennett Johnston Ave., Lake Charles, LA 70616
Telephone: 337-421-6565 or 800-256-0483
Email: complianceofficer@sowela.edu