

2017-2018 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 through June 30, 2018.**

Full Name	Age	Relationship
		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 7/1/2017 – 6/30/2018.
- 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	Relationship
		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)

NUMBER IN COLLEGE: Include in the space below information about any household member that is listed above who is, or will be, enrolled **at least half time** in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018, and include the name of the college. **NOTE:** SOWELA may require additional documentation if there is reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institution is inaccurate.

FULL NAME	AGE	RELATIONSHIP	COLLEGE	WILL BE ENROLLED AT LEAST HALF TIME (YES OR NO)
		SELF		

B. TAX FORMS AND INCOME INFORMATION

Call the IRS at 1-800--908-9946 or at www.irs.gov and request 2015 IRS Tax Return Transcript(s)

<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 C.</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 C.</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 C.</p>

C. 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. **The student (and spouses if applicable) must submit a “Confirmation of Non-filing Letter” from the IRS dates after September 30, 2016.** This letter may be obtained by checking box 7 on IRS Form 4506-T. The form is located online at the following link <https://www.irs.gov/pub/irs-pdf/f4506t.pdf> and must be submitted to the IRS for processing. (Instructions are noted on the form).

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 D 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?
<i>Suzy’s Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes(example)</i>

PARENT:

2. NON-TAX FILERS—Complete this section if the student’s parent(s) will not file and is not required to file a 2015 income tax return with the IRS. **Parent(s) must submit a “Confirmation of Non-filing Letter” from the IRS dates after September 30, 2016.** This letter may be obtained by checking box 7 on IRS Form 4506-T. The form is located online at the following link <https://www.irs.gov/pub/irs-pdf/f4506t.pdf> and must be submitted to the IRS for processing. (Instructions are noted on the form).

Check the box that applies:

- The parent 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 D of this form.
- The parent(s) was employed in 2015 and has listed below the names of all the parent’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 parent(s) by employer(s). 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?
<i>Suzy’s Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

D. 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 50 or 1040A-line 33.	\$
\$	Child support paid because of divorce or separation or as a result of legal requirement. Don't include support for children in your or parents' household, as reported in question 73 or 95	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$
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

E. FEDERAL BENEFITS- SNAP(FOOD STAMPS), SSI, FREE/REDUCE LUNCH, ETC... CALENDAR YEAR 2015

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 2015 or 2016 calendar years, please indicate which benefits(s) by placing a check beside all that apply.

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

F. SIGN THIS WORKSHEET

Each person signing this form certifies that all the information reported on it is complete and correct. I understand that if there are differences between the FAFSA and verification documents, corrections may be required. The FA office will submit the corrections electronically. If dependent, at least one parent must sign this form.

Student's Signature

Date

Parent Signature (if dependent student)

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.



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 No: 337-421-6565 or 800-256-0483
Email: complianceofficer@sowela.edu