

2018-2019 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 2016 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, 2019**

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 7/1/2018 – 6/30/2019.
- 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 through June 30, 2019**

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, 2018, and June 30, 2019, 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 2016 IRS Tax Return Transcript(s)

<p>Student: (Check one box only)</p> <p><input type="checkbox"/> Check and attach 2016 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 2016 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 2016 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 2016 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 2016 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 2016 U.S. Income Tax Return. Complete Section C.</p>

C. 2016 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 2016 income tax return with the IRS. **The independent student (and spouses if applicable) must submit a “Confirmation of Non-filing Letter” from the IRS dated on or after October 1, 2017.** 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 and/or spouse were not employed and had no income earned from work in 2016 therefore W2’s or equivalent documents were not issued. All applicable untaxed income was reported in section D of this form.
- The student and/or spouse were employed in 2016 and has listed below the names of all employers, the amount earned from each employer in 2016, and whether an IRS W-2 form is attached. **Attach copies of all 2016 IRS W-2 forms issued to the student and spouse by their 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	2016 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 2016 income tax return with the IRS. **Parent(s) must submit a “Confirmation of Non-filing Letter” from the IRS dated on or after October 1, 2017.** 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 2016 therefore W2’s or equivalent documents were not issued. All applicable untaxed income was reported in section D of this form.
- The parent(s) were employed in 2016 and has listed below the names of all the parent’s employers, the amount earned from each employer in 2016, and whether an IRS W-2 form is attached. Attach copies of all 2016 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	2016 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. 2016 ADDITIONAL FINANCIAL INFORMATION AND UNTAXED INCOME:

Both tax filers and non-tax filers must list any untaxed income received in 2016. **Enter zeros if no funds were received.**

Student (spouse)	Calendar Year 2016	Parent(s) (step-parent)
\$	Education credits (American Opportunity Tax Credit and 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 as 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.	\$
2016 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. Don't include amounts reported in code DD(employer contributions toward employee health benefits).	\$
\$	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. Also include the untaxed portions of health savings accounts from IRS Form 1040 Line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, benefits from flexible spending arrangements(ex. Cafeteria plans).	\$
\$	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 2016

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 2016 or 2017 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

E. 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
Fax: 337-491-2663
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

SOWELA TECHNICAL COMMUNITY COLLEGE
2018-2019
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 2018–2019. 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
2018-2019
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 2018-2019.

Student's Signature

Date

Student ID number _____

FAO Signature

Date