

## Independent Student Verification Worksheet 2019-2020

Student Name (please print): \_\_\_\_\_

Student ID #: \_\_\_\_\_

Your FAFSA has been selected for review by the U.S. Department of Education in a process called “verification”. WCCC is required by federal law (34CFR, Part 668) to compare the information from your FAFSA with the information provided on this form. Please complete all applicable items on this form and return to our office for review.

**Section I: Household Information / Number in College:** List all of the people in your household: List yourself, your spouse (if married) and your children even if they do not live with you but will receive more than half of their support from you between July 1, 2019 and June 30, 2020, and other people who live with you and will receive more than half of their support from you between July 1, 2019 and June 30, 2020. Indicate if any household member will be attending college at least half time in a degree or certificate program between July 1, 2019 and June 30, 2020, and if so provide the name of that college.

First and Last Name	Age	Relationship to you	Will this person be attending college at least half time in a degree or certificate program? If yes list the college’s name.
List yourself on this line		Self	Yes – Washington County Community College

**Section II: Child Support Received:** Complete this section if you or your spouse **received** child support for anyone in 2017.

Name of the person who received the child support	Amount for 2017	Name of the child for whom the support was paid
	\$	
	\$	

**Section III: Child Support Paid:** Complete this section if your or your spouse **paid** child support to anyone in 2017.

Name of the person who paid child support	Amount for 2017	Name of the child for whom the support was paid
	\$	
	\$	

**Section IV: Income Earned from Work for Income Tax Filers:** If and your spouse filed a **joint** federal income tax return for 2017, complete the following section. Be sure to transfer your IRS data to your FAFSA or order a return transcript from IRS.gov:

Wages earned by you	\$	Wage locations: Form 1040 – lines 7 + 12 + 18 or Box 1 of your W-2s
Wages earned by your spouse	\$	

**Section V: Income Earned from Work for Non-Income Tax Filers:**

Complete the following section if you **or** your spouse did not and will not file a Federal Income Tax Return for 2017. List below source(s) and **all** income received in 2017. Be sure to transfer your IRS data to your FAFSA or order a return transcript from IRS.gov:

Employer name	Amount Earned in 2017	IRS W-2 provided? Y or N
	\$	
	\$	
	\$	

**Continued on the reverse side >>>**

	\$	
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**Section VI: Assistance Programs:**

Indicate if you or your spouse received in 2017 support from any of the following programs (please answer all):

Program	Receive Support?	
	Y	N
TANF (Temporary Assistance to Needy Families)	Y	N
SNAP (Food Stamps)	Y	N
WIC	Y	N
Medicaid / Medicare	Y	N
Section 8 Housing / Public Housing	Y	N
Subsidized Childcare / Daycare Assistance	Y	N
Reduced or Free School Lunch	Y	N

**Section VII: Other Sources of Untaxed Income:**

Provide the amounts that your or your spouse received in 2017 from any of the sources listed below:

Source of Untaxed Income	Total Amount for 2017
Payments to tax-deferred pension and retirement savings plans (W2 Forms in boxes 12a through 12d with codes D, E, F, G, H, and S)	\$
Housing, food or other living allowances for military, clergy, or others	\$
Veterans non-education benefits (do not include GI Bill benefits but do include disability, death, pension, dependency and indemnity compensation)	\$
Untaxed Social Security benefits or SSDI	\$
Money received or paid on the student's behalf (list source and amount below)	
Source: _____	\$
Other sources of untaxed income not reported elsewhere on this form (list below)	
Source: _____	\$
Source: _____	\$

**Certifications and Signatures**

Each person signing below certifies that all of the information reported on this form is completed and correct. The student and one parent whose information was reported on the FAFSA must sign and date below.

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

\_\_\_\_\_  
Student's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (optional)

\_\_\_\_\_  
Date