

2015-2016 Household Resource Verification Worksheet for Independent Students

Your 2015-2016 FAFSA was selected for review in a process called “**Verification.**” This process requires the Financial Aid Office to compare the information reported on your FAFSA with the information on this worksheet and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding and/or disbursing federal student aid. **Your eligibility for financial aid cannot be determined until the verification process is complete.**

You must complete and sign this worksheet, attach any required documentation and submit the completed package to the WCC Financial Aid Office. If you were married or remarried on the day you signed your FAFSA, you must also provide information for your spouse. If there are discrepancies between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections.

Additional information may be needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

Student Name: _____

WCC ID #: _____

E-mail Address: _____

The instructions provided below apply to **INDEPENDENT** students only. If you are considered a dependent student, you will need to complete the Household Verification Worksheet for Dependent Students.

A. FAMILY INFORMATION

In the space below, write the names of **ALL** members of your household including:

- **Yourself**
- **Your spouse** (if you were married on the day you signed your FAFSA)
- **Your or your spouse’s children** if you or your spouse will provide **more than half** of their support* from July 1, 2015 through June 30, 2016, even if the children do not live with you and your spouse
- **Other people** if they now live with you **AND** you or your spouse provide **more than half** of their support * **AND will continue to provide more than half** of their support* through June 30, 2016.

*Support includes money, gifts, loans, housing, food, clothing, transportation, medical/dental care, college tuition, etc.

NUMBER IN COLLEGE: For any household member who 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, 2015 and June 30, 2016, include the name of the institution.

If more space is needed, attach a separate page that includes your name and WCC ID#.

Full Name	Age	Relationship to student	College/University
		<i>Self</i>	Wayne Community College

B. STUDENT INCOME INFORMATION

If you filed a Federal Income Tax Return, you must give the Internal Revenue Service (IRS) permission to transfer your 2014 tax information directly into the FAFSA, **OR** you must submit a signed 2014 Tax Return Transcript to the Financial Aid Office.

Check only ONE box below:

- I was **UNEMPLOYED** for all of 2014.
- I was employed in 2014 however, I **DID NOT, WILL NOT, and AM NOT REQUIRED TO FILE** a 2014 Federal Tax Return. I am attaching copies of all W2’s, 1099’s, or other statements of income I received in 2014.
- I have used the **IRS Data Retrieval Tool** to transfer my 2014 tax information directly into the FAFSA and have not altered any figures.
- I am unable to OR choose not to use the IRS Data Retrieval Tool. I am attaching a signed copy of my **2014 IRS Tax Return Transcript**. (*transcripts are available at www.irs.gov, or by other methods-see How to Obtain a Tax Return Transcript*)

C. SPOUSE INCOME INFORMATION (if you were not married on the day you signed the FAFSA, skip this section)

If your spouse filed a Federal Income Tax Return, he/she must give the Internal Revenue Service (IRS) permission to transfer the 2014 tax information directly to the FAFSA, **OR** he/she must submit a signed 2014 Tax Return Transcript to the Financial Aid Office. ***If your tax filing status is "Married Filing Jointly", only one copy of the tax return transcript is required.**

Check only **ONE** box below:

- My spouse was **UNEMPLOYED** for all of 2014.
- My spouse was employed in 2014 however, he/she **DID NOT, WILL NOT, and IS NOT REQUIRED TO FILE** a 2014 Federal Tax Return. I am attaching copies of all W2's, 1099's, or other statements of income my spouse received in 2014.
- My spouse has used the **IRS Data Retrieval Tool** to transfer his/her 2014 tax information directly into the FAFSA and has not altered any figures. ***This option is available only if the tax filing status is Married Filing Jointly**
- My spouse is unable to OR chooses not to use the IRS Data Retrieval Tool. I am attaching a signed copy of his/her **2014 IRS Tax Return Transcript**. (transcripts are available at www.irs.gov, or by other methods-see How to Obtain a Tax Return Transcript)

*** Students selected for verification of household resources are required to submit W2 forms, 1099's and/or other statements of income received by the student and spouse (if married on the day you signed the FAFSA) in 2014 regardless of tax filing status.**

D. UNTAXED INCOME (if you were not married on the day you signed the FAFSA, report amounts for yourself only)

In each section below, list the **YEARLY** amounts received. If you or your spouse did not receive a type of income, enter **-0-**

Student	2014 UNTAXED INCOME	Spouse
\$ _____	Payments to tax-deferred pension and retirement savings plans (<i>paid directly or withheld from earnings</i>), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Do Not include amounts reported in code DD (<i>employer contributions toward employee health benefits</i>). * You must submit a copy of your 2014 W2 forms	\$ _____
\$ _____	Child support RECEIVED for any of your or your spouse's children in 2014. Do Not include foster care, adoption payments or support that was ordered by the court but not actually received in 2014.	\$ _____
\$ _____	BAS (<i>food and other living allowances paid to members of the military</i>). Do Not include the value of on-base military housing or the value of a basic military allowance for housing.	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the clergy and others (<i>including cash payments and cash value of benefits</i>).	\$ _____
\$ _____	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 elsewhere on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Do Not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (<i>e.g., cafeteria plans</i>), foreign income exclusion or credit for federal tax on special fuels.	\$ _____
\$ _____	Money received, or paid on your behalf (<i>e.g., bills</i>), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is <u>not</u> reported on this form and that is <u>not</u> part of a legal child support agreement. Also include distributions to you from a 529 plan that is owned by someone other than you and the parent(s) whose information is reported on the FAFSA.	\$ _____
\$ _____	TOTAL UNTAXED INCOME FOR 2014	\$ _____

E. FEDERAL BENEFITS
<p>1) I and/or a member of my household (see page 1) received benefits from SNAP (Supplemental Nutrition Assistance Program) during the 2013 or 2014 calendar year.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>2) I and/or a member of my household (see page 1) received benefits from the following federal programs in 2013 or 2014 (check all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Free or Reduced Lunch <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> None of these </p>
<p>Note: If we have reason to believe that the information regarding the receipt of federal benefits is inaccurate, we may require documentation.</p>

F. CHILD SUPPORT PAID																				
<p>I and/or a member of my household (see page 1) PAID child support in 2014</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If YES, list below the TOTAL amount of child support paid in 2014 due to divorce or separation or as a result of a legal requirement. Do Not include support paid for children who are included in the household size on the FAFSA or support that was ordered by the court but not actually paid in 2014.</p>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%; padding: 5px;">Name of Person Who <u>Paid</u> Child Support</th> <th style="width: 25%; padding: 5px;">Name of Person Who Received the Child Support</th> <th style="width: 25%; padding: 5px;">Name of Child for Whom Support Was Paid</th> <th style="width: 25%; padding: 5px;">Amount Paid in 2014</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Person Who <u>Paid</u> Child Support	Name of Person Who Received the Child Support	Name of Child for Whom Support Was Paid	Amount Paid in 2014																
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Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require documentation

G. CERTIFICATION AND SIGNATURES	
<p>Each person signing below certifies that all of the information reported on this form is complete and correct. The student's signature and date are required.</p>	<p>WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.</p>
<p>_____</p> <p>Student's Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Spouse's Signature (optional)</p>	<p>_____</p> <p>Date</p>

RETURN THIS COMPLETED FORM WITH REQUIRED DOCUMENTATION TO:

Wayne Community College
Financial Aid Office
PO Box 8002
Goldsboro, NC 27533-8002
Fax: 919-736-9425
Email: wcc-finaid@waynecc.edu

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 with questions about the accreditation of Wayne Community College. Wayne Community College is a tobacco-free institution.