

Household Resources Verification Worksheet - Independent Students (IV6)

Your 2016-2017 FAFSA was selected for review in a process called verification. Federal law states that we have the right to confirm the information that was reported before awarding and/or disbursing federal student aid. The Financial Aid Office will compare the information reported on the FAFSA for you and your spouse (*if married*) with the information reported on this worksheet and any other required documentation. ***Your eligibility for financial aid cannot be determined until the verification process has been completed.**

STUDENT NAME: _____

WCC ID #: _____

E-MAIL ADDRESS: _____

PHONE #: _____

INSTRUCTIONS: Complete and sign this worksheet, attach any required documentation and submit the completed package to the WCC Financial Aid Office. If you were married on the day you signed your FAFSA, you are required to include information for your spouse. If there are any inconsistencies between the information reported on your FAFSA and the documents submitted to our office, we will make any required 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.

A. STUDENT HOUSEHOLD

NOTE: The following guidelines apply to **INDEPENDENT** students only. (*If you are a dependent student, please complete the DV6 form*)

1. IN THE SPACES BELOW, PRINT THE NAMES OF ALL MEMBERS OF YOUR HOUSEHOLD INCLUDING:

- You;
- Your spouse (if you were married on the day you signed your FAFSA);
- Your and/or your spouse's children **IF** you or your spouse will provide more than half of their support between July 1, 2016 and June 30, 2017, even if the children do not live with you and your spouse;
- Other people **ONLY** if they currently 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. * Supporting documentation may be required.

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

2. NUMBER IN COLLEGE: If any household member listed below 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, 2016 and June 30, 2017, **also** list the name of the institution they will be attending.

HOUSEHOLD MEMBER NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE/UNIVERSITY
		<i>Self</i>	Wayne Community College

~If more space is needed, attach a separate page that includes the student's name and WCC ID#~

IMPORTANT: If you were married on the day you signed the FAFSA, you must answer all tax and income questions for you AND your spouse. If you were not married or were separated, please ignore all references to "spouse".

B. TAX FILING STATUS

STUDENT (select ONE only)	SPOUSE (select ONE only)
<input type="checkbox"/> Check here if you filed a 2015 federal tax return AND used the IRS DATA RETRIEVAL TOOL to transfer the tax information into the FAFSA. {Skip to section D}	<input type="checkbox"/> Check here if your spouse filed a 2015 federal tax return AND used the IRS DATA RETRIEVAL TOOL to transfer the tax information into the FAFSA. {Skip to section D}
<input type="checkbox"/> Check here if you filed a 2015 federal tax return but <u>did not</u> use the IRS Data Retrieval Tool. You must attach a SIGNED COPY OF THE 2015 IRS TAX RETURN TRANSCRIPT.* {Skip to section D}	<input type="checkbox"/> Check here if your spouse filed a 2015 federal tax return but <u>did not</u> use the IRS Data Retrieval Tool. You must attach a SIGNED COPY OF THE 2015 IRS TAX RETURN TRANSCRIPT.* {Skip to section D}
<input type="checkbox"/> Check here if you <u>will not file</u> a 2015 federal tax return. You must complete the Non-Tax Filers Statement in section C.	<input type="checkbox"/> Check here if your spouse <u>will not file</u> a 2015 federal tax return. Your spouse must complete the Non-Tax Filers Statement in section C.

*IRS TAX RETURN TRANSCRIPTS ARE AVAILABLE AT WWW.IRS.GOV

C. NON-TAX FILERS STATEMENT (if you and your spouse {if married} filed a 2015 federal tax return, refer to section B)		
STUDENT (select ONE only)		SPOUSE (select ONE only)
<input type="checkbox"/> I was UNEMPLOYED for all of 2015.		<input type="checkbox"/> I was UNEMPLOYED for all of 2015.
<input type="checkbox"/> I earned income from working in 2015 but I DID NOT, WILL NOT and am NOT REQUIRED to file a federal tax return. <u>ALL</u> employers and earned income amounts are listed below. I am attaching copies of ALL 2015 W-2's, 1099's or other statements of income provided by the employer(s).		<input type="checkbox"/> I earned income from working in 2015 but I DID NOT, WILL NOT and am NOT REQUIRED to file a federal tax return. <u>ALL</u> employers and earned income amounts are listed below. I am attaching copies of ALL 2015 W-2's, 1099's or other statements of income provided by the employer(s). *Your signature is required on this worksheet.
NAME OF EMPLOYER	STUDENT EARNED INCOME AMOUNT	SPOUSE EARNED INCOME AMOUNT

~If more space is needed, attach a separate page that includes the student's name and WCC ID#~

D. 2015 IRS W-2 Forms	
<input type="checkbox"/> If you earned income from working, you must attach copies of ALL 2015 W-2's.	<input type="checkbox"/> If your spouse earned income from working, you must attach copies of ALL 2015 W-2's.

E. VERIFICATION OF UNTAXED INCOME (if you were not married on the day you signed the FAFSA, ignore the "spouse" column)		
In each section below, list the <u>total amounts received for the year</u> . If you or your spouse did not receive a type of income, enter -0-		
STUDENT	2015 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>).	\$ _____
\$ _____	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 any of your OR your spouse's children in 2015. DO NOT INCLUDE foster care, adoption payments or support that was ordered by the court but <u>not actually received</u> in 2015.	\$ _____
\$ _____	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	\$ _____
\$ _____	Untaxed portions of IRA distributions or pensions from IRS 1040 – lines (15a minus 15b)/(16a minus 16b) or 1040A – lines (11a minus 11b)/(12a minus 12b). DO NOT INCLUDE rollovers. If negative, enter -0- here.	\$ _____
\$ _____	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 (BAH).	\$ _____
\$ _____	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. DO NOT INCLUDE federal educational benefits: Post-9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, or VEAP Benefits.	\$ _____
\$ _____	Other untaxed income not reported elsewhere on this form, such as: Workers' Compensation, employer paid disability, Black Lung Benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. DO NOT INCLUDE items specifically excluded elsewhere on this form, extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) 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 listed in your name</i>), not reported elsewhere on this form. This includes money, gift cards, etc. 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.	\$ _____
\$ _____	← ADD ALL SOURCES OF UNTAXED INCOME FOR 2015 AND ENTER THE TOTALS HERE →	\$ _____

STUDENT NAME: _____

WCC ID #: _____

F. VERIFICATION OF FOOD STAMPS

Did you or any member of your household as listed on page 1 of this form receive benefits from **FOOD & NUTRITION SERVICES** (Food Stamps, SNAP, etc.) at any time during 2014 or 2015?

YES NO

- **Supporting documentation may be required.**

G. OTHER FEDERAL BENEFITS

Did you or any member of your household as listed on page 1 of this form receive benefits from the following federal programs at any time during 2014 or 2015? (check all that apply)

Supplemental Security Income (SSI) **Free or Reduced Price School Lunch** **WIC** **Work First/TANF** **NONE OF THESE**

- **Supporting documentation may be required.**

H. VERIFICATION OF CHILD SUPPORT PAID

Did you or any member of your household as listed on page 1 of this form **PAY** child support in 2015 because of a divorce or separation OR as a result of a legal requirement?

YES NO

~If YES, indicate below the TOTAL amount of child support paid January through December 2015.

DO NOT INCLUDE child support paid for children who are included in the household size on page 1 of this form **NOR** support that was ordered by the court but not actually paid in 2015. *Supporting documentation may be required.

Name of Person Who PAID the Child Support	Name of Person Who RECEIVED the Child Support	Name of Child for Whom Support Was Paid	TOTAL PAID in 2015

~If more space is needed, attach a separate page that includes the student's name and WCC ID#~

I. CERTIFICATION AND SIGNATURES

By signing below I certify that all information reported on this form and any supporting documentation is true and complete.

STUDENT SIGNATURE (REQUIRED) NOTE: Print before signing - digital signatures are not acceptable

DATE

SPOUSE SIGNATURE (REQUIRED FOR NON-TAX FILER'S)

DATE

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

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