

**Standard Verification Worksheet - Independent Students (IV1)**

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 DV1 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 <b>IRS DATA RETRIEVAL TOOL</b> to transfer the tax information into the FAFSA. <b>{Skip to section D}</b>	<input type="checkbox"/> Check here if your spouse filed a 2015 federal tax return AND used the <b>IRS DATA RETRIEVAL TOOL</b> to transfer the tax information into the FAFSA. <b>{Skip to section D}</b>
<input type="checkbox"/> Check here if you filed a 2015 federal tax return but <u>did not</u> use the IRS Data Retrieval Tool. <b>You must attach a SIGNED COPY OF THE 2015 IRS TAX RETURN TRANSCRIPT.* {Skip to section D}</b>	<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. <b>You must attach a SIGNED COPY OF THE 2015 IRS TAX RETURN TRANSCRIPT.* {Skip to section D}</b>
<input type="checkbox"/> Check here if you <u>will not file</u> a 2015 federal tax return. You must <b>complete the Non-Tax Filers Statement in section C.</b>	<input type="checkbox"/> Check here if your spouse <u>will not file</u> a 2015 federal tax return. Your spouse must <b>complete the Non-Tax Filers Statement in section C.</b>

**\*IRS TAX RETURN TRANSCRIPTS ARE AVAILABLE AT [WWW.IRS.GOV](http://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 <b>UNEMPLOYED</b> for all of 2015.		<input type="checkbox"/> I was <b>UNEMPLOYED</b> for all of 2015.	
<input type="checkbox"/> I earned income from working in 2015 but <b>I DID NOT, WILL NOT</b> and am <b>NOT REQUIRED</b> to file a federal tax return. <u>ALL</u> employers and earned income amounts are listed below. <b>I am attaching copies of ALL 2015 W-2's, 1099's or other statements of income provided by the employer(s).</b>		<input type="checkbox"/> I earned income from working in 2015 but <b>I DID NOT, WILL NOT</b> and am <b>NOT REQUIRED</b> to file a federal tax return. <u>ALL</u> employers and earned income amounts are listed below. <b>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.</b>	
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. 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.**

**E. 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#~

**F. 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](mailto: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*