



INDEPENDENT VERIFICATION WORKSHEET

Through the process called "Verification," your 2014-15 FAFSA information will be compared to this worksheet, additional documentation and Federal Income Tax information. **No payments will be disbursed until we receive and review these documents.**

- Student and spouse (if married) should complete **both** sides of this worksheet and sign. **Do not leave any answers blank.**
- Submit this worksheet to the Financial Assistance Office **within 45 days.**

A. STUDENT INFORMATION

STUDENT LAST NAME (PLEASE PRINT)	STUDENT FIRST NAME	ID #
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B. FAMILY HOUSEHOLD INFORMATION

- List the people in your household, including:**
 - **You and your spouse** (if married), unless your spouse is not living in the household due to separation or divorce.
 - Your children if you provide more than half of their support from July 1, 2014 through June 30, 2015, even if they do not live with you
 - Other people if they now live with you and your spouse (if married) provide more than half of their financial support and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.
 - **Please include the ages of your household members.**
- Write in the name of the college for any household member** who will be attending a postsecondary education institution at least half-time from July 1, 2014 – June 30, 2015, & will be enrolled in a degree, diploma, or certificate program.

**If you need more space, attach a separate page.*

FULL NAME	AGE	RELATIONSHIP	COLLEGE
1.		SELF	ALMA COLLEGE
2.			
3.			
4.			
5.			
6.			

- Supplemental Nutrition Assistance Program or SNAP**
 Yes **No** Did anyone in the household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamps) any time during 2012 or 2013 calendar years? If "Yes," please provide the following:

Name of the Person Who Received SNAP	Amount Received in 2012	Amount Received in 2013
	\$	\$

- Child Support Payments**
 Yes **No** One of the individuals listed in Section B of this worksheet paid child support in 2013 and I have provided the necessary information below. I will provide documentation of the payment of child support to Alma College if requested.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child support Paid in 2013
			\$
			\$
			\$

C. SUBMIT - 2013 INCOME TAX INFORMATION

STUDENT & SPOUSE: List below your employer(s) and any income received in 2013. Provide copies of all 2013 IRS W-2 forms issued and list every employer even if a W-2 form was not issued.

STUDENT'S SOURCES:	AMOUNT	SPOUSE'S SOURCES:	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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Please check the appropriate box and provide the requested information.

STUDENT: One of the following **must** be checked.

- I have filed a 2013 Federal income tax return & will provide a 2013 Tax Return Transcript or use the IRS Data Retrieval tool from the FAFSA.
- I will not file and am not required to file a 2013 Federal income tax return.

SPOUSE: One of the following **must** be checked.

- I/We have filed a 2013 Federal income tax return and will provide a 2013 Tax Return Transcript or use the IRS Data Retrieval Tool from the FAFSA.
- I/We will not file and are not required to file a 2013 Federal income tax return.

- * If you will or have completed a Federal 2013 tax return please request a **2013 TAX RETURN TRANSCRIPT** or use of the **IRS DATA RETRIEVAL TOOL** from the FAFSA application (*please see the Tax Information Instruction Sheet*).
- * **DO NOT SEND COPIES OF YOUR TAX RETURN – We must have a Tax Return Transcript or confirmation of Data Retrieval**

D. ADDITIONAL FINANCIAL INFORMATION

STUDENT 2013 INFORMATION	Do not leave blanks. If blanks exist, the form will be returned causing delays. If dollar amounts are not applicable, enter \$0
\$	Payments to tax-deferred pensions & savings plans (paid directly or withheld from earnings) including, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, & S.
\$	Child support received for all children. Don't include foster care or adoption payments.
\$	Housing, food, & other living allowances paid to members of the military, clergy, & others. Don't include the value of on base military housing or of basic military allowance for housing.
\$	Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
\$	Any other untaxed income or benefits, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.
\$	Cash received or money paid on your behalf (e.g., bills), not reported on this form.
\$	Combat pay or special combat pay. Only enter the amount that was taxable & included in adjusted gross income. Do not enter amount reported on the W-2 (Box 12, Code Q).
\$	Taxable earnings from need-based employment programs (Federal Work Study) and need-based employment portions of fellowships & assistantships. Please include earnings from work under a cooperative education program offered by a college.

E. SIGN THE WORKSHEET

The College must review the requested information, under the financial aid program rules (CFR title 34, Part 668). If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one school for the same period of time. If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify the information reported on this application with the Internal Revenue Service and other federal agencies. If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else.

WARNING: if you purposely give false or misleading information on the worksheet, you may be fined \$20,000, sent to prison, or both.

Student's Signature

Date

Spouse's Signature

Date

PLEASE SUBMIT THIS FORM TO THE ALMA COLLEGE FINANCIAL AID OFFICE

614 West Superior Street, Alma, Michigan 48801-1599 Telephone (989) 463-7347 Fax (989)463-7993

finaid@alma.edu

ALMA COLLEGE