

Financial Aid Office 2018 - 2019 VERIFICATION WORKSHEET **Federal Student Aid Programs**



Your application was selected for review in a process called "Verification." In this process, the Financial Aid Office will compare information from your FAFSA with your 2016 IRS tax information. The law requires each institution to collect and verify this information before awarding Federal aid. If there is a difference between your FAFSA and information on any of your verification documents, the college may ask for further information from you and/or make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The Financial Aid Office cannot

Student Informa	on without this information.				
Last Name	First Name	M.I.		Social Security Number	
Email Phone number (include			e area code) Student ID Number		
□ Dependent \$	Student*		☐ Indepe	ndent Student**	
*A student is considered dependent if he/she was required to provide parental information on the FAFSA.			**A student is considered independent if he/she was not required to provide parental information on the FAFSA.		
	parent(s)' household. Includ	_	List the peopl	e in your household Including:	
 your legal parents who live together, even if they are not married (include information about both), 			yourself and your spouse, if you have one,		
• yourself and your parent(s) (including a stepparent) even if you don't live with your parents,			 your children, if you will provide more than half of their support from July 1, 2018, through June 30 2019, even if they do not live with you, or if the 		
your parents will pro through June 30, 20	children, even if they do not livide more than half of their s 19 or (b) the children would lift they apply for Federal Stu	be required to provide	child would be required to provide your information as the parent if they apply for Fed Student Aid, and		
than half of their sup	now live with your parents ar port and will continue to pro 2018, through June 30, 2019		 other people, if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2018, through June 30, 2019. 		
Family Informa	tion				
		,		he name of the college for any	

degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College	Will be Enrolled at least Half Time (Yes or No)
Missy Jones (example)	18	Sister	Central University	
		Self		

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Income Information for Tax Filers				
I have completed my 2016 U.S. Income Tax Return.				
Student/Spouse: ☐ I used the IRS Data Retrieval Tool in FAFSA. ☐ I am attaching a signed copy of my 2016 IRS Tax Return Transcript – received from the IRS.	rn	Parents (required for parents of dependent students only): ☐ I used the IRS Data Retrieval Tool in FAFSA. ☐ I am attaching a signed copy of my 2016 IRS Tax Return Transcript – received from the IRS		
Income Information for Non-Tax Filers				
I will not file and am not required to file a 2016 U.S. Income	e Tax Retu	ırn.		
Student/Spouse: I was not employed and had no income earned from wo attaching my 2016 IRS Verification of Non-filing Status (not required for dependent students). I will explain beling living expenses were met. I was employed and earned income. I am attaching my IRS Verification of Non-filing Status Letter (not required dependent students), ALL of my 2016 W-2 forms and we below (required for both dependent and independent st	Letter low how 2016 I for will list	Parents (required for parents of depen I was not employed and had no incom am attaching my 2016 IRS Verificatio Letter. I will explain below how my liv I was employed and earned income. I IRS Verification of Non-filing Status L W-2 forms and will list below.	e earned from work. In of Non-filing Status ring expenses were met.	
Employer's Name	IRS W-2	or an Equivalent Document Provided? Please check one	Annual Amount Earned in 2016	
		Yes No	\$	
		Yes No	\$	
		Yes No	\$	
Sign the Worksheet I affirm that the information provided in this application and other receive the financial aid for the 2018-2019 academic year, I agree obligations as stated in the Award Terms and Conditions and Sa	ee that I hav	re reviewed, understand and agree to the condit	ions, responsibilities and	
Student Signature Dat	te	Parent Signature	Date	
Spokane Community College	Sp	ookane Falls Community College	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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