



## 2016-2017 Verification Worksheet Independent Student

### A. Student Information

Last Name	First Name	MI	Student ID
Current Address (include apt. #)			(____)____--____ Telephone Number
City	State	ZIP Code	____/____/____ Date of Birth
____@tm.edu			
E-mail Address			

### B. Family Information

List the people that you parent(s), including stepparent, will support **between July 1, 2016 and June 30, 2017**.  
Include:

- Yourself
- Your spouse, if married prior to filling out your FAFSA
- Your dependent children, even if they don't live with you, if (a) you provide more than half of their support, or (b) the children would be required to provide parental information when applying for federal student aid.
- Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support.

Also write in the name of the college for any household member who will be attending college at least half-time between **July 1, 2016 and June 30, 2017**, and will be enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College
1.		SELF	TURTLE MOUNTAIN COMMUNITY COLLEGE
2.			
3.			
4.			
5.			

**C.2015 Tax Return Information**

Student Section (check all that apply)		Spouse Section (check all that apply)	
<input type="checkbox"/>	I filed a 2015 tax return and linked my taxes to the FAFSA using the IRS Data Retrieval Tool. Date Submitted: _____	<input type="checkbox"/>	I filed a 2015 tax return and linked my taxes to the FAFSA using the IRS Data Retrieval Tool. Date Submitted: _____
<input type="checkbox"/>	I filed a 2015 tax return and am unable to link my taxes. I attached my 2015 Tax Return Transcript.	<input type="checkbox"/>	I filed a 2015 tax return and am unable to link my taxes. I attached my 2015 Tax Return Transcript.
<input type="checkbox"/>	I filed a 2015 amended tax return. (Attach 2015 Tax Return Transcript AND Form 1040X signed)	<input type="checkbox"/>	I filed a 2015 amended tax return (Attach 2015 Tax Return Transcript AND Form 1040X signed)
<input type="checkbox"/>	I will not file/not required to file a 2015 tax return. (Complete Section D)	<input type="checkbox"/>	I will not file/not required to file a 2015 tax return. (Complete Section D)

**D.2015 Earned Income Information (Non-filers)**

**Please attach W-2(s) or other documentation of all income and benefits received.**

If you (and/or spouse, if married) earned income by working in 2015 but did not file tax return and were not required to file a tax return, list all of your (and/or your spouse, if married) 2015 employers and the amount earned at each job (found in Box 1 of the W-2 form):

Name of Employer/Source of Income	Student Amount	Spouse Amount	W-2 Attached Y/N	
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please check (✓) the box if you had zero (0) income: Student:  Spouse:

**If a box was checked above, attach a written statement explaining the means of 2015 financial support for the people listed in your household.**

**E. Additional Financial Information**

1. Did you (or your spouse, if married) **pay out** child support in 2015?  YES  NO

**\*Do not include support paid for children listed in Section B on the front of this worksheet.**

Name of person who paid child support: \_\_\_\_\_

What was the total amount of child support **paid** in 2015? \$ \_\_\_\_\_

Name of the person to whom child support was paid: \_\_\_\_\_

Name and age of children for whom child support was paid: \_\_\_\_\_

2. Did you earn Federal Work-Study funds in 2015?  YES  NO

If yes, total amount earned in 2015? \$ \_\_\_\_\_ At what College/University? \_\_\_\_\_

**You must attach a copy of your W-2(s) for these earnings.**

3. Did you or anyone in your household receive food stamps (SNAP) in 2014 or 2015?  YES  NO

If yes, who received this benefit?  Student  Parent(s)  Other

For which year(s)?  2014  2015

**You must attach a copy of your eligibility letter from the agency that issues SNAP benefits.**

## F. Sign this Worksheet

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

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

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√ Did you fully complete and sign this form?

√ Did you remember to include all requested documentation?

√ Did you provide copies that we can keep?

√ Questions call 701-477-7889 or E-mail [lmdecoteau@tm.edu](mailto:lmdecoteau@tm.edu)

### Return this form to:

Turtle Mountain Community College  
Financial Aid Office  
P.O. Box 340  
Belcourt, N.D. 58316  
Fax: (701) 477-7943