

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called 'Verification'. Federal regulations require the financial aid administration verify the information your family reported on your FAFSA. You and your spouse (if applicable) must complete this VERIFICATION process which includes completing and submitting this worksheet, tax return transcript(s) and all W-2 forms before we can determine eligibility for federal student aid. We may request additional information after we have reviewed your documents. Please contact our office if you have any questions. **Complete this fillable form and then print out to physically sign all 'signature' areas (if applicable). Submit all documents to CWC Financial Aid**

STUDENT'S INFORMATION

 Student's Last Name First Name M.I. Student's CWC ID #

 Student's street address mailing address (if different) City State Zip Code

 Student's Date of Birth Student's Home Telephone Number Cell Number

 Student's Email Address What term(s) will you be attending CWC:
 Fall & Spring Fall only Spring only Summer 2017

STUDENT'S MARITAL STATUS: I am single I am married I am separated I am divorced I am widowed

HOUSING PLANS (while attending CWC): On Campus or Off Campus Lives with parents, relatives, etc.

PRIOR COLLEGE HISTORY: - Have you previously attended any colleges (including CWC, university, community college, vo-tech institutions)? (Include dual or concurrent courses while in high school)

- No, I have never attended any college. This is my first year in college.
- Yes, I have previously attended college. List your college history (including dates of attendance below). You must also order 'official' college transcripts from all previous colleges.

Name of college: _____ Dates: _____ Name of college: _____ Dates: _____

Name of college: _____ Dates: _____ Name of college: _____ Dates: _____

STUDENT'S HOUSEHOLD INFORMATION – List the people in your household (include yourself, your spouse (if applicable), your children and any other people who will receive more than one half of their support from you / spouse from July 1, 2016, through June 30, 2017. Include the name of the college for any household member who is, or will be, enrolled in college at least half time (6 credits or more) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017. If you need more space, include information on a separate page, (include student's name and ID number on the top of the page).

Full Name of household member	Age	Relationship to the student (Student, Spouse, Child)	Name of College (attending at least half time) in 2016-17

Student's Full Name: _____

Student's CWC ID #: _____

STUDENT & SPOUSE'S 2015 INCOME INFORMATION

STUDENT & SPOUSE TAX FILING INFORMATION – Did you 'file' a 2015 IRS Federal Tax Return? Did you use the IRS Data Retrieval Tool?

- YES, I did file a federal tax return **AND** I used the *IRS Data Retrieval Tool* when completing my FAFSA. Submit 2015 W-2 forms (if you do not have your W-2's, order 'wages and income statements' by completing the IRS Form 4506-T).
- YES, I did file a federal tax return **BUT** I did **NOT** use the *IRS Data Retrieval Tool* when completing my FAFSA. Order a Tax Return Transcript and also submit 2015 W-2 forms (if you do not have your W-2's, order 'wages and income statements' by completing the IRS Form 4506-T).
- NO, I have not yet filed my taxes (please explain): _____
- NO, I certify that I did NOT and I am NOT required to file a 2015 federal tax return. **Student Signature:** _____
Order a Verification of Non-Filing and also submit 2015 W-2 forms (if you do not have your W-2's, order 'wages and income statements' by completing the IRS Form 4506-T and order BOTH a Verification of Non-Filing and your Wage and Income Statements by completing the IRS Form 4506-T).
- Student: I certify that I was not employed and had no income earned from work in 2015. **Student Signature:** _____
- Spouse: I certify that I was not employed and had no income earned from work in 2015. **Spouse Signature:** _____

List below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. Submit copies of all 2015 IRS W-2 forms issued to you by your employers. List every employer even if the employer did not issue an IRS W-2 form (you will need to request a duplicate copy from your employer or order wage and income statements from the IRS.) Include information for both student and spouse (if applicable). Need more space, include information on a separate page, (include student's name and ID number on the top of the page).

Student & Spouse Employer's Name	Annual Amount Earned in 2015	W-2 Attached?
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering
	\$ _____	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering

STUDENT & SPOUSE'S 2015 ADDITIONAL FINANCIAL INFORMATION

Did you have any taxable college grant and scholarship aid **reported to the IRS in your adjusted gross income**? Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships? NO YES, how much: \$ _____ (**submit documentation (1098T, etc.)**) Received from: _____

Did you have payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), 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. **Don't include** amounts reported in code DD (employer contributions toward employee health benefits)? NO YES, how much: \$ _____

Did you have untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). If negative value, enter 0? NO YES, how much: \$ _____ Was this a rollover? NO YES

Did you have untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). If negative value, enter 0? NO YES, how much: \$ _____ Was this amount a rollover? NO YES

Student's Full Name: _____

Student's CWC ID #: _____

Did you have housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)? Don't include the value of on-base military housing or the value of a basic military allowance for housing.

NO YES, how much: \$ _____ Received from: _____

Did you **RECEIVE** child support for any of your children? Don't include foster care or adoption payments. NO YES, complete the box below. (Do not estimate the amounts. If you are unsure of amount RECEIVED, order a printout from Support Enforcement and submit it to our office to document the correct amounts.)

Name of person who RECEIVED child support?	Name of person who child support was RECEIVED from?	Child's Name (child support was for)	Child's Age	Total ANNUAL amount of child support RECEIVED in 2015
				\$ _____
				\$ _____
				\$ _____

Did you have Veterans Non-Education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances? NO YES, how much: \$ _____ Received from: _____

Did you have other untaxed income not reported elsewhere on this worksheet, such as workers' compensation, disability benefits, etc? Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. NO YES, total amount for 2015: \$ _____ Received from: _____

Did you have money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. NO YES, total amount for 2015: \$ _____ Received from: _____

BENEFITS FROM ANY FEDERAL OR STATE PROGRAMS

Some families receive additional benefits that are NOT counted on the FAFSA. To help us know how your family met living expenses, did anyone in your family receive any of the following federal programs in 2015?

- Supplemental Security Income (SSI) Free/Reduced Price Lunch TANF WIC Tribal - Per Cap benefits SNAP

STUDENT / SPOUSE LOW INCOME STATEMENT

Your 2016-17 FAFSA shows a very low income for your family. Please provide a written statement explaining how you were able to meet living expenses in 2015. _____

STUDENT / SPOUSE CERTIFICATIONS AND SIGNATURES

You must print and sign this to certify that all information reported on this worksheet is complete and correct.

I / (we) certify that all information reported on this worksheet is complete and correct. I also understand it is my responsibility to order and submit the appropriate tax return transcript / Verification of Non-Filing. I will also submit all W-2's forms for 2015. I further understand if I purposely give false or misleading information, I will be reported to the Department of Education and could be fined up to \$20,000, sent to prison or both.

Student Signature: _____

Date: _____

Spouse Signature (if applicable): _____

Date: _____