

Your student's 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 the student's FAFSA. You and the student must complete this VERIFICATION process which includes completing and submitting verification worksheets, tax return transcript(s) and all W-2 forms for BOTH student & parents before we can determine the eligibility for federal student aid. We may request additional information after we have reviewed all 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 / PARENT'S HOUSEHOLD INFORMATION

Student's Last Name	First Name	M.I.	Student's CWC ID #	
Parent's First & Last name		Parent's telephone number		Parent's Email Address
Parent's street address	mailing address (if different)	City	State	Zip Code

PARENT'S HOUSEHOLD INFORMATION – List the people in your parent's household (include the student (even if not living with parents), the parents (including stepparent, legal parents even if not married but living together, divorced but living together), your parent's other children if parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, also include other people if they **now** live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2017. Include the name of the college for any household member who is, or will be, enrolled 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, Parent, Sibling)	Name of College (attending at least half time) in 2016-17

PARENT(S) 2015 INCOME INFORMATION

PARENT(S) TAX FILING INFORMATION – Did parent(s) 'file' a 2015 IRS Federal Tax Return? Did parent(s) use the *IRS Data Retrieval Tool* when completing the student's FAFSA?

- YES, I (parent(s) did file a federal tax return **AND** we used the *IRS Data Retrieval Tool* when completing the student's 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 (parent) did file a federal tax return **BUT** we did **NOT** use the *IRS Data Retrieval Tool* when completing my student's FAFSA. Order a Tax Return Transcript from the IRS and also submit 2015 W-2 forms (if you do not have your W-2's, you can order both the Tax Return Transcript and order 'wages and income statements' by completing the IRS Form 4506-T).
- NO, I have not yet filed my taxes (please explain): _____

Parent's Name: _____ Student's Name: _____ Student's CWC ID: _____

PARENT(S) 2015 INCOME INFORMATION continued

NO, I (parents) did NOT and we are NOT required to file a 2015 federal tax return. *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 Verification of Non-Filing (for EACH PARENT) and order your Wage and Income Statements by completing the IRS Form 4506-T).*

Parent Signature: _____ 2nd Parent Signature: _____

I (the parent) certify that I was not employed and had no income earned from work in 2015. Parent Signature: _____

I (other parent) certify that I was not employed and had no income earned from work in 2015. 2nd Parent Signature: _____

List below the names of 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 BOTH parents 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 parents listed in household. *Need more space, include information on a separate page, (include student's name and ID number on the top of the page).*

Parent's 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
	\$	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering
	\$	<input type="checkbox"/> YES <input type="checkbox"/> No, ordering

PARENT'S 2015 ADDITIONAL FINANCIAL INFORMATION

Did parent(s) 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 parent(s) 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 parent(s) 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 parent(s) 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

Did parent(s) 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 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: _____

Parent's Name: _____ Student's Name: _____ Student's CWC ID: _____

PARENT'S 2015 ADDITIONAL FINANCIAL INFORMATION continued

Did parent(s) **RECEIVE** child support for any of their 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 parent(s) 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: _____

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

PARENT 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. _____

PARENT CERTIFICATIONS AND SIGNATURE

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.

Parent Signature: _____

Date: _____

2nd Parent Signature: _____

Date: _____