



# 2016–2017 Verification Worksheet Independent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we are required to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid office at TC3 will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, TC3 will update your FAFSA information. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid office at TC3. We may ask for additional information after your initial documents are reviewed. Verification must be completed before your financial aid eligibility can be determined.

### A. Independent Student’s Information

Student’s Last Name (print)	First Name	M.I	Students TC3 ID
Address			Date of birth
City	State	Zip	Student’s Phone Number
Email address			Student’s Alternate or Cell Phone Number

### B. Independent Student’s Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Marty Jones(example)</i>	28	<i>Wife</i>	<i>Tompkins Cortland CC</i>	<i>Yes</i>
		<i>Self</i>		

### C. Independent Student's Income Information to Be Verified

Check the box that applies:

- I have filed a tax return and my 2015 tax transcript is attached; or,
- I used the IRS Data Retrieval.

**TAX RETURN NONFILERS**—Complete this section if you, the student (and, if married, your spouse), **will not file** and are not required to file a 2015 income tax return with the IRS.

- The student (and, if married, the student's spouse) was not employed and had no income earned from work in 2015.
- The student (and/or the student's spouse if married) was employed in 2015 and has listed below the names of all employers and the amount earned from each employer in 2015. Attach copies of all 2015 W-2 forms issued to you (and, if married, to your spouse) by employers. **List every employer even if the employer did not issue an IRS W-2 form.**

Employer's Name	2015 Amount Earned
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>

**D. Student's Other Untaxed Income Received in 2015 – Be sure to enter 0's if no funds were received.**

Source	2015 Amount
Payments to tax deferred pensions as reported on 2015 W-2 Form in Box 12a-d, codes D, E, F, G, H, and S	\$
Child Support Received in 2015 for all children. Don't include foster care or adoption payments.	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments, and cash value benefits). Don't include value of on base military housing or the value of a 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, not reported elsewhere on this form, such as Black Lung Benefits, Refugee Assistance, etc. <b>Don't include</b> student financial aid, earned income credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, or combat pay.	\$
Cash <b>received</b> or money paid on your behalf not reported elsewhere on this form.	\$
<b>2015 Additional Information</b>	
Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$

**E. SNAP(Food Stamps) Benefits**

Complete this section if someone in the student’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

- List the person(s) from Section B of this worksheet who received SNAP benefits in 2014 or 2015. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

Name of Person(s) in my household who received SNAP benefits in 2014 or 2015:

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**F. Child Support Paid in 2015**

Complete this section if you or your spouse, if married, **paid child support in 2015**.

- Either I, or if married, my spouse, who is **listed in Section B** of this worksheet, **paid child support in 2015**. I have listed below the name of the person who paid the child support; the name of the person child support was paid to; the names of the children child support was paid for; and the total annual amount of child support that was **paid in 2015 for each child**. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and Social Security Number at the top.*

Who Paid Child Support	Who was the Child Support Paid To	Child/Children Support Was Paid for		Amount of Child Support Paid in 2015 for each child
		Name	Age	
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>12</i>	<i>\$6,000.00</i>

**G. Certification and Signature**

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse’s signature is optional.

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

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Date

**Return this worksheet with documentation to:**  
**TC3 Financial Aid Office | P.O. Box 139, 170 North Street | Dryden, New York 13053-0139**  
**Phone: 607.844.6580 | Toll Free: 888.567.8211 | Email: [aid@TC3.edu](mailto:aid@TC3.edu) Fax: 607.844.6538**