



2015-2016 Aggregate  
Independent  
Verification Worksheet

IN16V5

**DOCUMENT MUST BE ORIGINAL – NO COPIES ACCEPTED**

Your 2015-16 FAFSA was selected for process called verification. At this point, our office is required to compare the data entered on your FAFSA with your 2014 tax information (if applicable) as well as the information you provide on this worksheet. The law requires that we, as financial aid administrators, must complete verification before awarding Federal Student Aid. If we discover that there are differences, your FAFSA may need to be corrected. Also, we may request additional information. You and your parent must sign and complete the worksheet, attach any required documents, and submit to the Financial Aid Office.

**Be sure to:** Complete the entire form. **Do not leave anything blank.** If not applicable, enter "\$0" or "N/A"

**A. Student Information**

Last Name	First Name	M.I.	Student ID	Date of Birth
Address			Phone Number	
City	State	Zip Code	Email Address	

**B. Student's Family Information**

List below the people in your household. Include:

- Yourself
- Your spouse if you were married the day you filed the FAFSA.
- Your dependent children if you will provide more than half of their support from July 1, 2015 through June 30, 2016.
- Other people if they now live with you, and you provide more than half or their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>	<i>CCTC</i>	

**C. Student's Other Information to Be Verified**

1. **Supplemental Nutrition Assistance Program (SNAP)** – Did one of the persons listed in Section B of this worksheet received SNAP benefits during 2013 or 2014?

- No    
  Yes – If asked by the school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

2. **CHILD SUPPORT PAID** – Did you or your pay child support during calendar year 2014?

**Per Federal Regulation you cannot include the same child in sections B.**

No  Yes – Indicate the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

**D. Student’s Income Information to Be Verified**

Complete option 1 or 2 below

1. **TAX RETURN FILERS: - Important Note:** If you filed, or will file, an amended 2014 IRS tax return, you must submit your 2014 IRS tax transcript AND amended tax return (IRS Form 1040X).

- I have or will use** the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2014 IRS income tax return information into my FAFSA.
- I am **unable or choose not to use** the IRS Data Retrieval Tool in FAFSA on the Web, and I must submit a **2014 IRS tax return transcript**.

Options for obtaining a 2014 IRS Tax Return Transcript:

- View and print immediately at: [www.irs.gov](http://www.irs.gov)
- Call 1-800-908-9946
- Complete Form 4506-T and mail or fax to address given

2. **TAX RETURN NONFILERS:** Complete this section if you **will not file** and **are not required to file** a 2014 income tax return with the IRS.

- I was not employed and had no income earned from work in 2014.
- I was employed in 2014 and have listed below the names of all my employers, the amount earned from each employer in 2014, and I have attached an IRS W-2 form for wages earned. *List every employer even if they did not issue an IRS W-2 form.*

Employer’s Name	2014 Amount Earned	IRS W-2 Attached?
<i>Suzy’s Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes(example)</i>

### E. High School Completion Status – Educational Records must complete this section:

Please indicate which one of the following documents was provided to Educational Records to verify high school completion status for the 2015–2016 academic year.

- Final official high school transcript that indicates the student's graduation date.
- General Educational Development (GED) certificate or GED transcript with acceptable GED scores.
- An official college transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- International Evaluation Credentials showing equivalency of U.S. high school graduation.
- Other: \_\_\_\_\_

#### For Office Use Only:

\_\_\_\_\_  
Type of Document:

\_\_\_\_\_  
Document Verified by:

\_\_\_\_\_  
Date Document Received:

### F. Confirmation of Student Identity

**You must appear in person** at Cape Coral Technical College to verify your identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

- Copy of student's driver's license
- Copy of US Passport
- Certificate of Naturalization
- Other official government issued ID

#### For Office Use Only:

\_\_\_\_\_  
Type of Document:

\_\_\_\_\_  
Document Verified by:

\_\_\_\_\_  
Date Document Received:

### G. Statement of Educational Purpose

I certify that I, \_\_\_\_\_, am the individual signing this Statement of  
(Print Student's Name)

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Cape Coral Technical College** for 2015-2016

### H. Certification and Signatures

The student (must sign in person or notarize the document) and one parent whose information was reported on the FAFSA must sign and date. Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

\_\_\_\_\_  
Student's Signature

#### For Office Use Only:

\_\_\_\_\_  
FA Office Initials

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on sentenced to prison, or both.**

**H. Notary**

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**THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION.**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and proved to me on basis of satisfactory  
(Print name of signer)

Evidence of identification \_\_\_\_\_ to be the above-named  
(Type of government-issued photo ID provided)

Person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary Signature)

My commission expires on \_\_\_\_\_  
(Date)

*Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the financial aid office.*