



HOLMES  
COMMUNITY COLLEGE

Office of Financial Aid 2015/2016 Low Income/Non-Tax Filer Verification	FORM -16 LINT
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This form is used by the Holmes Financial Aid Office to verify income on students and parents who do not file an IRS 1040, 1040A, or 1040EZ Tax Return. Please be sure to complete this form in its entirety.

Student's Name	Holmes ID Number
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An unusually low income was reported on your FAFSA for the year 2014. In order to continue processing your financial aid for the 2015-2016 award year, please check the appropriate box.

**Please indicate "0" in the blanks if no income was received. However, keep in mind that the government realizes that there must be some form of income to pay for food, rent, electricity, water, gas, etc.**

- Income earned from work \$ \_\_\_\_\_ in the year 2014.
- Social Security (any type) \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2014.
- Disability (not Social Security) \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2014.
- Child Support \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2014.
- Military Benefits \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2014.
- Financial Aid \$ \_\_\_\_\_ in the year 2014 (Grants, Loans, and Work-study)
- Food Stamp/SNAP Benefits \$ \_\_\_\_\_ in the year 2014.
- TANF Benefits \$ \_\_\_\_\_ in the year 2014.
- WIC Benefits \$ \_\_\_\_\_ in the year 2014.
- Support from Others \$ \_\_\_\_\_ per month for \_\_\_\_\_ months in 2014.  
(provide name and relationship to you)
- Other (describe below) \$ \_\_\_\_\_ in the year 2014.

A. By signing this worksheet, I certify that all of the above information is true and correct.

**Certification and Signature: WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, and/or removed from school. Applications that are suspected to contain fraudulent information will not be awarded federal financial aid. By signing, I certify that all of the above information is true and correct.**

Student's Signature	Date
no electronic signature, must be original	

Parent's Signature (dependent students only)	Date
no electronic signature, must be original	

Return this form and all requested documentation by one of the following means: take to your campus Financial Aid Office, mail to Financial Aid Office, P O Box 216, Goodman, MS 39079, fax to 662-472-9170 or email to gmuse@holmescc.edu.