



HOLMES
COMMUNITY COLLEGE

Office of Financial Aid
2015/2016

FORM – 16V6I

Independent Household Resources Verification Worksheet

Your 2015–2016 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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

Student's Last Name First Name M.I.

Holmes ID Number

Student's Street Address (include apt. no.)

Social Security Number

City State Zip Code

Student's Phone Number (include area code)

A. Family Information/Marital Status – Indicate your marital status:

☐ Never Married ☐ Married/Remarried ☐ Divorced ☐ Separated ☐ Widowed

Marital Status Effective Date (Month/Year) _____

*If divorced, please attach a copy of the divorce decree.

List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2015, and June 30, 2016, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Holmes Community College</i>	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

STUDENT TAX FILERS

(COMPLETE THIS SECTION ONLY IF STUDENT/SPOUSE FILED A 2014 IRS TAX RETURN)

B. Verification of 2014 IRS Income Tax Return Information for Student Tax Filers

Instructions: Complete this section if the student and spouse filed or will file a 2014 IRS income tax return(s). *The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at FAFSA.gov.* In most cases, no further documentation is needed to verify 2014 IRS income tax return information that was transferred into the student's FAFSA using the IRS DRT if that information was not changed. A copy of your federal tax return is NOT acceptable. If you do not have a copy of your 2014 tax transcript (not account transcript), you must request a copy directly from the IRS at www.irs.gov or by calling 1-800-908-9946. The website allows for immediate retrieval.

Check the box that applies:

- ☐ The student has used the IRS DRT in *FAFSA on the Web* to transfer 2014 IRS income tax return information into the student's FAFSA. .
- ☐ The student is unable or chooses not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school a **2014 IRS Tax Return Transcript(s)**. (signature not required)

*If the student and spouse filed separate 2014 IRS income tax returns, **2014 IRS Tax Return Transcripts** must be provided for both.

STUDENT NON-TAX FILERS
(DO NOT COMPLETE IF SECTION C APPLIES AND WAS COMPLETED)

C. Verification of 2014 Income Information for Student Nontax Filers

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2014 income tax return with the IRS. We will require documentation from the IRS to verify non-tax filer status.

Check the box that applies:

- ☐ The student and spouse were not employed and had no income earned from work in 2014.
- ☐ The student and/or spouse were employed in 2014 and have listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided. [Provide copies of all 2014 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

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

D. Receipt of SNAP Benefits

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

_____ I certify that myself or someone in my household received SNAP benefits. _____ I certify that no one in my household received SNAP benefits
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E. Child Support Paid (Do not include child support received in this section)

The student or spouse, who is a member of the student's household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received;
- Copies of the child support payment checks or money order receipts.

Student Name: _____

ID # H00 _____

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Untaxed and Other Sources of Income Worksheet

Documentation of benefits, including denial or ineligibility for benefits, may be requested after review of the information you provide. Please provide **yearly** amounts only.

****PLEASE DO NOT LEAVE ANY BLANKS. ENTER "0" IF NOT APPLICABLE.****

Student	Additional Income	Spouse
\$	Education credits (Hope, Lifetime Learning, and American Opportunity tax credits) from the IRS Form 1040 (line 49) or 1040a (line 31). (2014 federal taxes).	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Student grant and scholarship aid reported to the IRS in your adjusted gross income. Include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income.	\$
Student	Untaxed Income	Spouse
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. (2014 W2 forms).	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040, line 28 + line 32, or 1040A, line 17. (2014 federal taxes)	\$
\$	Child support received for all children. Don't include foster care or adoption payments.	\$
\$	Tax exempt interest income from IRS Form 1040, line 8b or 1040A, line 8b. (2014 federal taxes).	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. (2014 federal taxes).	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here. (2014 federal taxes).	\$
\$	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.	\$
\$	Veteran's non education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported in items 92a through 92h, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$
=\$	Total columns —answer must be provided (may not leave items blank). Enter zero if item does not apply to you. Further documentation may be requested.	=\$

F. 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.

Each person signing below certifies that all of the information reported is complete and correct.

 Student's Signature (Required)
 no electronic signature, must be original

 Date

 Spouse's Signature (Optional)
 no electronic signature, must be original

 Date

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.

Student Name: _____

ID # H00 _____

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