

Eastern Maine Community College

2017-2018 Student Verification Worksheet

SECTION 1: STUDENT INFORMATION

Student Last Name	Student First Name	MI	EMCC Student ID#	Social Security Number
Street Address	City/Town		State	ZIP

SECTION 2: HOUSEHOLD INFORMATION – Independent OR Dependent

INDEPENDENT STUDENT: Check box if you were **NOT** required to report parent information on your FAFSA.

DEPENDENT STUDENT: Check box if you were required to report parent(s) information on your FAFSA.

➤ In the **Household Chart** below, include:

➤ In the **Household Chart** below, include:

Line 1: List yourself (the EMCC Student)

Line 1: List yourself (the EMCC Student)

Line 2: List your spouse, if married

Line 2: List your parent(s) as reported on your FAFSA

Lines 3: List your children, if you will provide more than 50% of their support between July 1, 2017 and June 30, 2018.

Lines 3: List your siblings, if your parent(s) will provide more than 50% of their support between July 1, 2017 and June 30, 2018.

Additional lines: List other people if they now live with you; and you provide more than 50% of their support and will continue to provide more than 50% of their support between July 1, 2017 and June 30, 2018.

Additional lines: List other people if they now live with your parent(s); and your parent(s) provide more than 50% of their support and will continue to provide more than 50% of their support between July 1, 2017 and June 30, 2018.

➤ **Household Chart**

- If enrolled in college, 07/01/2017 to 06/30/2018, list college of enrollment.
- *Parent(s) do **NOT** list college if enrolled.*

First Name & Last Name	Age	Relationship To Student	College of Enrollment 07/01/2017 to 06/30/2018	Enrolled at Least Half Time	
1.		Self/Student	EMCC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

If more space is required, please use a separate page and include student's name and EMCC Student ID number at the top of page.

SECTION 3: RESOURCES

CHILD SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete this section if any member of the household listed in Section 2 paid child support in 2015.		
Name of Person Who <u>Paid</u> Child Support	Name of Person to Whom Child Support was <u>Paid</u>	Name of Child for Whom Child Support was <u>Paid</u>	Age of Child	Amount of Child Support Paid in 2015
				\$
				\$
				\$
				\$

Note: If we have reason to believe the information regarding child support paid is not accurate, additional documentation may be required, such as: a copy of a court document which 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; or documentation from a State or Federal office of Child Support Enforcement.

FEDERAL/STATE BENEFITS: Complete this section if any member of the household listed in Section 2 received any of these benefits listed below in 2015 or 2016.

Note: You may be required to submit documentation of receiving benefits from providing agency.

Free or Reduced Lunch	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(SSI) Supplemental Social Security Income -- Not Survivor or Social Security Retirement Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(SNAP) Food Stamps (Supplemental Nutrition Assistance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(TANF) Temporary Assistance for Needy Families	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(WIC) Special Supplemental Nutrition Program – Woman Infants, and Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TAX RETURN FILER STATUS

FILED A TAX RETURN

- Complete this section **only if you filed or will file a 2015 tax return.**

Use the IRS Data Retrieval Tool (DRT) to directly update your FAFSA with your actual 2015 income information.

The following website link provides written and video instruction to use DRT:

<http://www.famemaine.com/education/topics/filing-the-fafsa/irs-data-retrieval/>.

If you cannot use the DRT, you will need to obtain a 2015 IRS Tax Return Transcript.

Tax Return Transcript can be obtained at: www.irs.gov

	Student		Spouse		Parent	
Did you, or will you, file 2015 federal taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you married as of today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you file “Married Filing Separately”	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OR

DID NOT FILE A TAX RETURN

Submit proof of non-filing from the IRS. Go to www.irs.gov. Follow instructions to request a transcript and select “Verification of Non-filing Letter.”

- Complete this section only if you **will not file** and **are not required to file a 2015 federal tax** return.

I was not employed and had no income earned from work in 2015; and I was not required to file a federal tax return.	Student	Spouse	Parent
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

If you, your spouse, or your parents were employed and earned income from work in 2015, complete the information below:		
List the names of all employers and the amount earned from each employer in 2015 form. Submit copies of all 2015 W-2 forms.	2015 Amt. Earned	IRS W-2 Attached
1. Employer’s Name:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Employer’s Name	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Employer’s Name	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Employer’s Name	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If more space is required to list additional employers, provide a separate page with their name(s) and other requested information, and include student’s name and EMCC Student ID number at the top of page.

OTHER INCOME: Complete this section regardless of your 2015 tax return filing status. List amounts received. If the amount is \$0.00, write \$0.00.

	Student	Spouse	Parent
Alimony or spousal support received in 2015.	\$	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits.) Do not include the value of on base housing or the value of basic military allowance of housing	\$	\$	\$

UNTAXED 2015 INCOME: List 2015 Annual Totals. Leave no fields blank.

Enter \$0.00 if there is nothing to report.

	Student	Spouse	Parent
a. Payments to tax-deferred pension and retirement savings.	\$	\$	\$
b. Individual Retirement Account (IRA) deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040 line 28 + line 32; or 1040A line 17.	\$	\$	\$
c. Child support <u>received</u> for any of your children. Do <u>not</u> include foster care or adoption payments.	\$	\$	\$
d. Tax exempt interest income from IRS Form 1040 line 8b or 1040A line 8b.	\$	\$	\$
e. Untaxed portions of Individual Retirement Account (IRA) distributions from IRS Form 1040 lines (15a minus 15b) or 1040A lines (11a minus 11b.) Excluding rollovers (if negative enter \$0.00.)	\$	\$	\$
f. Untaxed portions of pensions from IRS Form lines (16 a minus 16b) or 1040A lines (12 a minus 12b.) Excluding rollovers (if negative enter \$0.00.)	\$	\$	\$
g. Veterans' non-education benefits, such as: Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$	\$
h. Other untaxed income not reported in items a-g above such as: workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 line 25. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (i.e. cafeteria plans), foreign income exclusions or credit for federal tax on special fuels.	\$	\$	\$
i. Money received, or paid on your behalf not reported elsewhere on this form.	\$	\$	\$

SECTION 4: CERTIFICATION & SIGNATURE

Any financial aid award is subject to adjustments based on changes in funding, administrative/technical errors, changes in application information, enrollment status, or reclassification of residency. EMCC has the right, after reviewing your verification information, to change or cancel your award.

By my signature below, I certify that all information on this Student Verification Worksheet is complete, accurate, and corrections may be made based on data provided. I acknowledge that if I purposely give false or misleading information on this Worksheet under federal law, I may be fined, sentenced to prison or both. I certify that any federal or state financial aid funds I receive will be used to pay for educational expenses related to my attendance at EMCC for 2017-2018 academic year.

Please be aware EMCC's Student Aid Office is obligated to report financial aid applicants who purposely misreport information or alter documentation to obtain federal funds to the United States Office of Inspector General for investigation and prosecution.

I authorize EMCC's Student Aid Office to discuss or resolve any verification issues with the following persons:
(Please print.)

Name:		Name:	
Relationship:	Phone:	Relationship:	Phone:
E-mail:		E-mail:	
Last four digits of Social Security Number:		Last four digits of Social Security Number:	

Student Signature
Date
Parent Signature -- Required for Dependent Student
Date

E-Mail completed & signed form to: fadocs@emcc.edu
(Attachments must be standard image file or in one of the following formats: .doc, .docx, .pdf); **or**

Fax completed & signed form to: 207-974-4683; **or**

Mail completed & signed form to:
EMCC
Attention: Student Aid Office
354 Hogan Road, Bangor, Maine 04401