

Financial Aid Priority Deadlines:

Fall 2016: 06/30/2016 Spring 2017: 11/07/2016 Summer 2017: 03/27/2017

V5 Aggregate 2016-2017 Verification Worksheet for Independent Students

Financial Aid

As per federal regulation, Lanier Technical College must confirm the information you reported on your 2016-2017 Free Application for Federal Student Aid (FAFSA). To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to LTC's financial aid office. Please note that we may ask for additional information. If you have questions about verification, contact our office as soon as possible so that your financial aid processing will not be delayed.

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Addre	ess (include apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
	Il Phone Number (include	,	Student's ID Number (if known)

B. Independent Student's Family Information

List below the people in your household. Include:

A. Independent Student's Information (please print)

- 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 2016-17. 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 the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self		
	24-2 24-2			
	Ĩ			

Student's Name:		St	udent's SSN:	
I, the student will no	pendent Student's Income Information to Be Verified - Check the box that applies: I, the student will not file and am not required to file a 2015 income tax return with the IRS. Important Note: Copies of all W-2's are required, if applicable. If W-2's are not available, please list employers below.			
Employer's	Name	2015 Amount Earned	rned IRS W-2 Attached?	
Suzy's Auto Body S		\$2,000.00	Yes	
TAX RETURN FILERS—Important your must contact your financial student, filed or will file a 2015 on the Web. If you have not as Corrections," and navigate to you are eligible to use the IRS approximately two weeks for I	ortant Note: If you (or you laid administrator before income tax return with the ready used the tool, go to the Financial Information Data Retrieval Tool to the RS income information to the weeks for paper IRS tax	e completing this section. Instructed the IRS. You may use the IRS is a FAFSA.gov, log in to your FA section of the form. From them ansfer 2015 IRS income tax in the available for the IRS Data ax return filers. If you need more	tinue below. will file an <u>amended</u> 2015 IRS ta ructions: Complete this section is Data Retrieval Tool that is part of AFSA record, select "Make FAFS e, follow the instructions to detern formation into your FAFSA. It tal Retrieval Tool for electronic IRS e information about when or how	if you, the of FAFSA SA rmine if kes S tax return
Check the box that applies:				
spouse's) 2015 IRS	income information into		b to transfer my (and, if married, I FAFSA or when making a corred in the verification process.	
my spouse's) 2015 instructions above a verification process I, the student, am u submit to the school a free IRS tax return or call 1-800-908-99 You will need your se be the address used return (up to two we requesting an IRS to	I, the student, have not yet used the IRS Data Retrieval Tool, but I will use the tool to transfer my (and, if married, my spouse's) 2015 IRS income information into my FAFSA once I have filed my 2015 IRS tax return. See instructions above for information on how to use the IRS Data Retrieval Tool. Your school cannot complete the verification process until your (and, if married, your spouse's) IRS information has been transferred into your FAFSA. I, the student, am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and I will submit to the school 2015 IRS tax return transcript(s)—not photocopies of the income tax return. To obtain a free IRS tax return transcript, go to www.IRS.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when your 2015 IRS tax return was filed). Adequate time from the date of filing your tax return (up to two weeks for IRS electronic filers, and up to eight weeks for paper IRS filers) is necessary prior to requesting an IRS tax return transcript. The IRS estimates allowing a minimum of 5 business days for your receipt of an available requested transcript. If you are married and you and your spouse filed separate 2015 tax returns, you must submit tax return transcripts for both you and your spouse.			
Check here if an IR	S tax return transcript(s)	is attached to this worksheet.		
		be submitted to your school a return transcript(s) has been sub		

Student's Name:		Student	's SSN:
D. Independent Stude	ent's Other Information to Be Ve	erified	
Supplemental 2014 or 2015 benefits during Check this box household, pa support, the na	c if applicable: One of the persons Nutrition Assistance Program or S calendar years. If asked by my so g 2014 and/or 2015. c and complete the section below id child support in 2015, provide in ames of the persons to whom the d support was paid, and the total a	SNAP (formerly known as food stachool, I will provide documentation if the student and/or spouse, who is the space below the names of the child support was paid, the name	amps) any time during the n of the receipt of SNAP o is a member of the student's the persons who paid the child es and ages of the children for
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	Annual Amount of Child Support Paid in 2015
John Jones	Jane Smith	Terry Jones 11	\$6,000.00
	Total Amou	int of Child Support Paid	\$
quivalent or home-schoven if previously proven the check the one blank appropriate of the student's high states.	, LTC's financial aid office must re ol credential. NOTE: The docume ided to another LTC office/depa oplicable to the documentation	entation must be submitted to tartment (such as an admission or you will be submitting with this	the LTC Office of Financial Aid, office). completed worksheet:
secondary school	ol.		
		OR .	
General Education Certificate recognic For students who certificate or oth Academic transcent bachelor's degree Documentation to	hat the student excelled in high so enrolling in at least an associate's	nt to a diploma in a foreign country, a copy of the on of at least a two-year program chool if the student did not comple	fully acceptable toward a
Copy of one form of home-s			
	by student's parent or guardian do		etion of secondary
	ting the courses completed by the	e student	
State-issued home	s-school certification credential		

F. I	F. Identity Verification and Statement of Educational Purpose	;			
issı will	The student must appear in person at Lanier Technical College to verify his or her identity by presenting a valid government-ssued 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 by the institution with the date it was received and reviewed and he name of the official at the institution authorized to collect the student's ID.				
	n addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.				
If th	f the student is unable to appear in person at Lanier Technical Co	ollege to verify his or her identity, the student must provide:			
(a)	 (a) A copy of the valid government-issued photo identification (ID presented to a notary, such as, but not limited to, a driver's lice 				
(b)	(b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.				
	Statement of Educ	cational Purpose			
I certify that I,, am the individual signing					
	(Print Student's Name) this Statement of Educational Purpose and that the Federal student financial assistance				
	I may receive will only be used for educational pu	irposes and to pay the cost of attending			
	(Name of Postsecondary Educational Institution)	for 2016-2017.			
	·				
	(Student's Signature)	(Date)			
	(Student's ID Number)				
Sw	Sworn to and Subscribed before me:				
Thi	This, 20				
	(Notary Public)				
Му	My commission expires				

Student's Name:_____ Student's SSN: _____

dent's Name:		Student's SSN:		
. Certification and Signature				
Each person signing this works all of the information reported of complete and correct. The stud applicable) must sign and date	on this worksheet is dent and spouse (if	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.		
Student's Signature		Date		
Spouse's Signature		Date		
LTC Financial Aid Staff I	Member's Signature (ON	LY IF WITNESSING SIGNATURES)		
LTC Einanaial Aid Staff I	Mambar'a Signatura (IF 6			

You should make a copy of this worksheet for your records.