



## 2016-2017 Verification Worksheet Dependent Student

### A. Student Information

Last Name	First Name	MI	Student ID
			( ) --
Current Address (include apt. #)			Telephone Number
			/ /
City	State	ZIP Code	Date of Birth
E-mail Address			

### B. Family Information

List the people that you parent(s), including stepparent, will support **between July 1, 2016 and June 30, 2017**. Include:

- Yourself
- Your parent(s), including stepparent if married prior to filling out the FAFSA
- Your parents' (including stepparent) other children, even if they don't live with your parents(s), if (a) your parent(s) provide more than half of their support, or (b) the children would be required to provide parental information when applying for federal student aid. Do not include foster children.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support.

Also write in the name of the college for any household member, excluding your parents, who will be attending college at least half-time between **July 1, 2016 and June 30, 2017**, and will be enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College
1.		SELF	TURTLE MOUNTAIN COMMUNITY COLLEGE
2.			
3.			
4.			
5.			

### C.2015 Tax Return Information

Student Section (check all that apply)		Parent(s) Section (check all that apply)	
<input type="checkbox"/>	I filed a 2015 tax return and linked my taxes to the FAFSA using the IRS Data Retrieval Tool. Date Submitted: _____	<input type="checkbox"/>	I filed a 2015 tax return and linked my taxes to the FAFSA using the IRS Data Retrieval Tool. Date Submitted: _____
<input type="checkbox"/>	I filed a 2015 tax return and am unable to link my taxes. I attached my 2015 Tax Return Transcript.	<input type="checkbox"/>	I filed a 2015 tax return and am unable to link my taxes. I attached my 2015 Tax Return Transcript.
<input type="checkbox"/>	I filed a 2015 amended tax return. (Attach 2015 Tax Return Transcript AND Form 1040X signed)	<input type="checkbox"/>	I filed a 2015 amended tax return (Attach 2015 Tax Return Transcript AND Form 1040X signed)
<input type="checkbox"/>	I will not file/not required to file a 2015 tax return. (Complete Section D)	<input type="checkbox"/>	I will not file/not required to file a 2015 tax return. (Complete Section D)

### D.2015 Earned Income Information (Non-filers)

Please attach W-2(s) or other documentation of all income and benefits received.

If you and/or parents(s) earned income by working in 2015 but did not file tax return and were not required to file a tax return, list all of you and/or your parent(s) 2015 employers and the amount earned at each job (found in Box 1 of the W-2 form):

Name of Employer/Source of Income	Student Amount	Parent Amount	W-2 Attached Y/N	
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	\$	\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please check (✓) the box if you had zero (0) income: Student: ☐ Parent 1: ☐ Parent 2: ☐

If a box was checked above for Parent 1 and/or Parent 2, attach a written statement explaining the means of 2015 financial support for the people listed in your parent(s) household.

### E. Additional Financial Information

1. Did you or your parent(s) pay out child support in 2015? ☐ YES ☐ NO

**\*Do not include support paid for children listed in Section B on the front of this worksheet.**

Name of person who paid child support: \_\_\_\_\_

What was the total amount of child support paid in 2015? \$ \_\_\_\_\_

Name of the person to whom child support was paid: \_\_\_\_\_

Name and age of children for whom child support was paid: \_\_\_\_\_

2. Did you earn Federal Work-Study funds in 2015? ☐ YES ☐ NO

If yes, total amount earned in 2015? \$ \_\_\_\_\_ At what College/University? \_\_\_\_\_

**You must attach a copy of your W-2(s) for these earnings.**

3. Did you or anyone in your parents(s) household receive food stamps (SNAP) in 2014 or 2015? ☐ YES ☐ NO

If yes, who received this benefit? ☐ Student ☐ Parent(s) ☐ Other

For which year(s)? ☐ 2014 ☐ 2015

**You must attach a copy of your eligibility letter from the agency that issues SNAP benefits.**

## F. Sign this Worksheet

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct. **At least one parent must sign.**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Warning: If you purposely give false information or misleading information on this worksheet, you may be fines, sentenced to jail or both.**

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✓ Did you fully complete and sign this form?

✓ Did you remember to include all requested documentation?

✓ Did you provide copies that we can keep?

✓ Questions call 701-477-7889 or E-mail [lmdecoteau@tm.edu](mailto:lmdecoteau@tm.edu)

### Return this form to:

Turtle Mountain Community College  
Financial Aid Office  
P.O. Box 340  
Belcourt, N.D. 58316  
Fax: (701) 477-7943