



## 2016–2017 Verification Worksheet

Independent

Your 2016-2017 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 and a spouse whose information was reported on the FAFSA 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 Information (Please print clearly)

Last Name	First Name	M.I.	ACC Student ID or Social Security Number
Address (include apt. #)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

### B. Family Information

List the people in your household, and include:

- yourself and spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, 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 from through June 30, 2017.

Write the names, ages and relationship of all household members in the space(s) below.

In the last column, write in the full name of the college for any listed household member who will be attending college **at least half-time** between July 1, 2016 and June 30, 2017 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	List College, if attending between 7/1/16 & 6/30/17
<i>Example: Martha Jones</i>	<i>18</i>	<i>Sister</i>	<i>City University</i>
		Self	Alpena Community College

### C. Student's 2015 Income Information. Be sure to include your name and ACC ID on each form submitted.

Please check the appropriate box below.

- ☐ IRS Data Retrieval was/will be used to provide tax information on the FAFSA. If the IRS retrieved data is subsequently changed, I will provide an IRS Tax Return Transcript. See other side for ordering an IRS Tax Return Transcript. **(If you check this box, skip to section D)**
- ☐ An IRS Tax Return Transcript will be submitted. Married students who file separate tax returns must provide a transcript for each filer. See other side for ordering an IRS Tax Return Transcript. **(If you check this box, skip to section D)**
- ☐ I (and/or my spouse) certify that we did not file, and I/we were not required to file a 2015 Federal Income Tax Return. **Copies of all 2015 W-2 forms for all sources of earned income are required. If you can't provide a W-2 form for a source explain why you can't.** List below all sources of income and the amount received in 2015. If you had no income in 2015, write the word "NONE" as source of income.

Source of Income/Employer's Name	2015 Amount Earned	W-2 included YES	NO (explain)
	\$		
	\$		
	\$		

### To order a 2015 Tax Return transcript:

- Order Online at [www.irs.gov](http://www.irs.gov). Under "Tools," select "**Get a Tax Transcript**"; select "**Get Transcript by Mail**"; after filling your information in, click continue. Under Type of Transcript click "Return Transcript" and under Tax Year select "**2015**," then click continue.
- Call the IRS at 800-908-9946.

### D. Student's 2015 Additional Information

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Did anyone in the student's household receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) in 2014 and/or 2015? SNAP also includes the Bridge Card. Yes ☐

Did the student or spouse (listed in Section B) **pay** (not receive) child support during 2015? Yes ☐

If yes, complete the table below.

Name of Person who Paid Child Support	Name of Person to Whom Child Support was Paid to	Name of Child for Whom Child Support Was Paid for	Age Of Child	Total Support Paid for Each Child in 2015
				\$
				\$
				\$

### E. Certification and Signature

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Each person signing below certifies that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (required if married)

\_\_\_\_\_  
Date

RETURN TO ACC FINANCIAL AID OFFICE, 665 JOHNSON STREET, ALPENA, MI 49707 OR FAX# 989-358-7541.  
FOR INFORMATION, CALL 989-358-7286