



2016-2017 INDEPENDENT VERIFICATION FORM

Your application was selected for a review process called **verification**. The law says that before awarding Federal Student Aid, we may ask you to confirm the information reported on your FAFSA. If there are differences between the two, we may need to correct your FAFSA information. **We cannot continue processing your financial aid application until all requested information is received and completed.** . **Print the information requested below.**

Section 1: Information about You

Student's Name _____

VIP ID _____

Section 2: Information about You & Your Family

Print the information requested below: **Do not leave this section blank.**

Student's **current** marital status: ☐ Married/Remarried ☐ Single ☐ Separated ☐ Divorced/Widowed

Month and year you were married/remarried, separated, divorced, or widowed: _____

List the people whom you and your spouse will support between July 1, 2016 and June 30, 2017. Write in the name of the college for anyone you listed here that will be attending college at least half-time between July 1, 2016 and June 30, 2017.

Please list all family members as indicated above:

Full Name	Date of Birth	Relationship to student	Attending College in 2016-2017?	If Attending College in 2016-2017, Name of College.
1.		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	USC
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	

If more than 5 family members continue on a separate sheet of paper.

Section 3: Income Information

Please read carefully and check one answer per question. **If there is income from work W-2s must be submitted with form.**

- Did you (the student) have any income in 2015? Yes ☐ or No ☐ (check one)
 - ☐ Check here if you used the IRS Data Retrieval Tool (DRT) through FAFSA
 - ☐ Check here if you have attached a signed copy of your **2015 IRS Tax Return** or 2015 IRS Tax Return Transcript
 - ☐ Check here if you **will not** file AND are not required to file a 2015 federal tax return. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____
 - ☐ Check here if you have attached an IRS Verification of Non-Filing Letter. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____
- Did your spouse have any income in 2015? Yes ☐ or No ☐ (check one)
 - ☐ Check here if your spouse used the IRS Data Retrieval Tool (DRT) through FAFSA
 - ☐ Check here if your spouse has attached a signed copy of his/her **2015 IRS Tax Return** or 2015 IRS Tax Return Transcript
 - ☐ Check here if your spouse **will not** file AND not required to file a 2015 federal tax return. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____
 - ☐ Check here if your spouse has attached an IRS Verification of Non-Filing Letter. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____

Section 4: Child Support Paid

Did you or your spouse pay child support during the calendar year 2015?

☐ Yes. Complete the table below ☐ No

Name of Person <u>Who Paid</u> Child Support	Name of Person <u>to Whom</u> Child Support was Paid	Name of Child <u>for Whom</u> Support was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$
			TOTAL: \$

Section 5: Supplemental Nutrition Assistance Program (SNAP)

In 2014 or 2015, did you or your spouse receive benefits from Supplemental Nutrition Assistance Program SNAP?

☐ Yes ☐ No

Section 6: Other Untaxed Income

Print the information below for Calendar Year 2015:

Student/Spouse

If not applicable, enter zeros. Do not leave any part of this section blank.

\$	Taxable earnings from need-based employment programs , such as Federal Work-Study and need-based employment portions of fellowships and assistantships.
\$	Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes 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. <u>Gross income. Only enter the amount that was taxable and included in your adjusted gross income.</u> Combat pay is reported on the W-2 in Box 12, Code Q.
\$	Earnings from work under a cooperative education program offered by a college.
\$	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 forms in Boxes 12a through 12d, codes D, E, F, G, H & S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).
\$	Child support received for ALL children. Don't include foster or adoption payments.
\$	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.
\$	Veterans 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 , such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Don't 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 (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. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.

Section 7: Certification Statement & Signatures

By signing this document, I certify that all the information reported on it is complete and correct. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student Date

Spouse Date

*Return signed completed form and all requested documents to:
Financial Aid Office-*

*The address for your specific campus can be found online at:
<http://saeu.sc.edu/finaid/forms.html>*