

2016-2017 VERIFICATION WORKSHEET

STUDENT'S INFORMATION: (Please print)

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|----------------------------|------------|----------|----------------------------------|
| Last Name | First Name | M.I. | Social Security Number |
| Address (include apt. no.) | | | Date of Birth |
| City | State | Zip Code | Phone Number (include area code) |

SECTION A: Student's 2015 Information (do not leave any answer blank-if not applicable indicate "N/A")

| <p>1. If you (or your spouse) filed or will file a 2015 Federal Income Tax, you must submit a copy of your income tax transcript to the Financial Aid Office.</p> <p><input type="checkbox"/> I have already submitted a transcript of my income tax 2015, or I used the IRS Data Retrieval on my FAFSA application</p> <p><input type="checkbox"/> I am submitting a copy of my (our) 2015 transcript with this form</p> <p><input type="checkbox"/> I will submit a copy of my (our) 2015 transcript</p> <p><input type="checkbox"/> I did not and will not file a 2015 tax return.</p> <p><input type="checkbox"/> My spouse did not and will not file a 2015 tax return.</p> | <p>8. If you (or your spouse) worked in 2015 but were not required to file a 2015 return, list your (or your spouse's) employer and the amount of income you (or your spouse) earned.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">EMPLOYER</th> <th style="width: 30%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> | EMPLOYER | AMOUNT | | | | | | | | | | | | | | | | |
|--|--|-----------------|------------|---------------|--------|---------------------------|------------|---|------------|-----------------------------------|--------|--------------------------------------|--------|------------------------------------|--|-------------|--------|-------------|--------|
| EMPLOYER | AMOUNT | | | | | | | | | | | | | | | | | | |
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| <p>2. How much of the income reported on your (or your spouse's) 2015 return was from Work-Study earnings? \$.00</p> | <p>9. If you (or your spouse) received any of the following untaxed income and benefits in 2015</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td>Social Security</td><td>\$ N/A .00</td></tr> <tr><td>Child Support</td><td>\$.00</td></tr> <tr><td>AFDC/ADC or TANF Benefits</td><td>\$ N/A .00</td></tr> <tr><td>Other Welfare Benefits/SNAP/Food Stamps</td><td>\$ N/A .00</td></tr> <tr><td>Military allowances (BAQ and BAS)</td><td>\$.00</td></tr> <tr><td>Clergy housing and living allowances</td><td>\$.00</td></tr> <tr><td>Other untaxed income and benefits:</td><td> </td></tr> <tr><td>Type: _____</td><td>\$.00</td></tr> <tr><td>Type: _____</td><td>\$.00</td></tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;"><i>SUBMIT SUPPORTING DOCUMENTATION FROM EACH SOURCE</i></p> | Social Security | \$ N/A .00 | Child Support | \$.00 | AFDC/ADC or TANF Benefits | \$ N/A .00 | Other Welfare Benefits/SNAP/Food Stamps | \$ N/A .00 | Military allowances (BAQ and BAS) | \$.00 | Clergy housing and living allowances | \$.00 | Other untaxed income and benefits: | | Type: _____ | \$.00 | Type: _____ | \$.00 |
| Social Security | | \$ N/A .00 | | | | | | | | | | | | | | | | | |
| Child Support | | \$.00 | | | | | | | | | | | | | | | | | |
| AFDC/ADC or TANF Benefits | | \$ N/A .00 | | | | | | | | | | | | | | | | | |
| Other Welfare Benefits/SNAP/Food Stamps | | \$ N/A .00 | | | | | | | | | | | | | | | | | |
| Military allowances (BAQ and BAS) | | \$.00 | | | | | | | | | | | | | | | | | |
| Clergy housing and living allowances | \$.00 | | | | | | | | | | | | | | | | | | |
| Other untaxed income and benefits: | | | | | | | | | | | | | | | | | | | |
| Type: _____ | \$.00 | | | | | | | | | | | | | | | | | | |
| Type: _____ | \$.00 | | | | | | | | | | | | | | | | | | |
| <p>3. How much of the income reported on your (or your spouse's) 2015 return was from grants or scholarships? \$.00</p> | | | | | | | | | | | | | | | | | | | |
| <p>4. If you (or your spouse) received allowances benefits from AmeriCorps awarded in 2015, how much did you receive? \$.00</p> | | | | | | | | | | | | | | | | | | | |
| <p>5. If you (or your spouse) paid child support in 2015, how much did you (or your spouse) pay for the FULL year? \$.00</p> | | | | | | | | | | | | | | | | | | | |
| <p>6. If you had a retirement fund 'rollover' included on your (or your spouse's) 2015 return, how much was the 'rollover'? \$ N/A .00</p> | | | | | | | | | | | | | | | | | | | |
| <p>7. Hope and Lifetime Learning Tax Credits from IRS Form 1040-line 50: or 1040A-line 33. \$.00</p> | | | | | | | | | | | | | | | | | | | |

SECTION B: Family Information

DEPENDENT – Fill in the information about the people whom your parent(s) will support between July 1, 2016 and June 30, 2017. Include yourself, your parent(s) and your parents' dependent children if they will receive more than half of their support from your parent(s) or if they would be required to provide parental information when applying for Federal Student Aid. Include other people only if they live with and received more than half of their support from your parent(s) at the time you completed your application, and will continue to receive this support between July 1, 2016 and June 30, 2017.

INDEPENDENT – Fill in the information about the people you will support between July 1, 2016 and June 30, 2017. Include yourself, your spouse, and your dependent children if they will receive more than half of their support from you. Include other people only if they live with and received more than half of their support from you or your spouse at the time you completed your application, and will continue to receive this support between July 1, 2016 and June 30, 2017.

| First Name | Last Name | Age | Relationship to you (Parent, brother/sister, etc.) | If person will attend college half-time or more in 2015-2016 print the name of the college. |
|------------|-----------|-----|---|---|
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☐ Check this box if there are more than five family members. Attach a list of these people, providing the same information as requested above for each person.

SECTION C: Parents 2015 Information (do not leave any answer blank-if not applicable indicate "N/A")

Parental information must be completed if you were required to provide parental information when completing the Free Application for Federal Student Aid (FAFSA)

1. If your parents (father, stepfather, mother or stepmother) filed or will file a 2015 Federal Income Tax transcript, you must submit a signed copy of their transcript to the Financial Aid Office. Please print your full name and ID Number on the signed copy.

- ☐ I have already submitted a copy of my parents 2015 transcript, or they have used the IRS Data Retrieval on my FAFSA application
- ☐ I am submitting my parents 2015 tax transcript with this form
- ☐ I will submit a copy of my parent's 2015 tax transcript
- ☐ My father (stepfather) did not and will not file a 2015 tax return.
- ☐ My mother (stepmother) did not and will not file a 2015 tax return.

2. How much of the income reported on your parents 2015 return was from Work-Study earnings? \$.00

3. How much of the income reported on your parents 2015 return was from grants or scholarships? \$.00

4. If your parent received allowances and benefits from AmeriCorps awarded in 2015, how much did they receive? \$.00

5. If your parents paid child support in 2015, how much did they pay for the year? \$.00

6. If your parents had a retirement fund 'rollover' included on their 2015 return, how much was the 'rollover'? \$ N/A .00

7. Hope and Lifetime Learning Tax Credits from IRS Form 1040-line 50; or 1040A-line 33. \$.00

8. If either of your parents worked in 2015 but were not required to file a 2015 return, list their employer and the amount of income they earned.

| EMPLOYER | AMOUNT |
|----------|--------|
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9. If your parents received any of the following untaxed income and benefits in 2015, how much did they receive for the year? (Include benefits received by your parents for all dependents.)

Social Security \$ N/A .00

Child Support \$.00

AFDC/ADC or TANF Benefits \$ N/A .00

Other Welfare Benefits/SNAP/Food Stamps \$ N/A .00

Military allowances (BAQ and BAS) \$.00

Clergy housing and living allowances \$.00

Other untaxed income and benefits:

Type: \$.00

Type: \$.00

SUBMIT SUPPORTING DOCUMENTATION FROM EACH SOURCE.

SECTION D: Certification and Signatures

You (spouse signature optional) must sign below certifying the accuracy of the information provided on this form. If you were required to provide parental information, at least one of your parents must also sign below certifying the accuracy of the information provided on this form.

Lamar State College Port Arthur is an equal opportunity/affirmative action educational institution and employer. I give permission for corrections to be made to the FAFSA by the LSCPA Financial Aid Office. I (we) certify that all of the information on this form is completed and correct.

Student's Signature Date

Father's (Stepfather's) Signature Date

Spouse's Signature Date

Mother's (Stepmother's) Signature Date