

2016-2017 Standard Verification Form (V1)

This form cannot be faxed. Return this form to the address below.

Labette Community College Financial Aid 200 South 14th · Parsons, KS 67357 (620) 421-6700

Your FAFSA was selected for a review process called "VERIFICATION." Return this form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. Aid will not disburse if verification is not complete.

Student's Name		Social Security Nu	umber or	Student	ID .
Other Names Used (Including Maiden)		Student's Date of	Birth		
Permanent Mailing Address	City/State/ Zip	Permanent Phon	e Numbe	r	
High School Graduation Date/GED Completion	Local Phone Num	Local Phone Number			
Have you attended any other college/University? _ vide an official transcript for each institution.	Yes	No. If Yes, Please co	omplete 1	the table	below. You must pro-
College	Major or Degree	Degree Received	From Dates To		# of Credits Earned

Household Listing (attach a separate page if necessary)

If you are a Dependent Student: (Parental data was required on the FAFSA)

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents other children if the parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

If you are an Independent Student: (Students without parental data required on the FAFSA.)

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time July 1, 2016 through June 30, 2017
Missy Jones (example)	18	Sister	Central University	Yes
		Self	Labette Community College	
		`		

Student Income Verification								
If you or your spouse were required to File a Federal Tax Return, Check the box that applies:								
		The student/Spouse (if Married) has used the IRS DRT in FAFSA on the Web to transfer 2015 IRS income tax return Information into the student's FAFSA.						
		The student/Spouse (if Married) <u>has not yet used</u> the IRS DRT in <i>FAFSA on the Web</i> , but will use the tool to transfer 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.						
		The student/Spouse (if Married) is <u>unable or chooses not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the school with a 2015 IRS Tax Return Transcript(s) . A 2015 IRS Tax Return Transcript may be obtained through: Online Request - Go to <u>www.IRS.gov</u> , under the Tools heading on the IRS homepage, click "Get a Tax Transcript by Mail." Click "Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and <i>NOT</i> the "IRS Tax Account Transcript." Telephone Request - 1-800-908-9946 Paper Request Form - IRS Form 4506T-EZ or IRS Form 4506-T						
If you v	vere	not required to file a Federal Tax Return, Check the box tha	t applies:					
		The student and/or spouse (if Married) were not employed and had no income earned from work in 2015.						
		The student and/or spouse (if Married) were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. [Provide copies of all 2015 IRS W-2 forms issued to the student and/or spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.						
		Employer's Name	Annual Amount Earned in 2015	IRS W-2 Provided?				
ABC's	Auto	Body Shop (example)	\$4,500.00	Yes				
	_							
Noto: M		Total Amount of Income Earned From Work require you to provide documentation from the IRS that indicates a	\$	ov rature was not filed with the IPS				
ivote. v	C may	require you to provide documentation from the mo that indicates t	a 2013 income to	ax retain was not med with the me				
Parent	Inco	me Verification (Dependent Students Only)						
If your Parent(s) were required to File a Federal Tax Return, Check the box that applies:								
		The parents <u>have used</u> the IRS DRT in <i>FAFSA on the Web</i> to transfer 2015 IRS income tax return information into the student's FAFSA.						
		The parents <u>have not yet used</u> the IRS DRT in <i>FAFSA on the Web</i> , but will use the tool to transfer 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.						
		The parents are <u>unable or choose not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the school with 2015 IRS Tax Return Transcript(s) . A 2015 IRS Tax Return Transcript may be obtained through: Online Request - Go to <u>www.IRS.gov</u> , under the Tools heading on the IRS homepage, click "Get a Tax Transcript by Mail." Click ""Get Transcript by MAIL." Make sure to request the "IRS Tax Return Transcript" and <i>NOT</i> the "IRS Tax Account Transcript." Telephone Request - 1-800-908-9946 Paper Request Form - IRS Form 4506T-EZ or IRS Form 4506-T						
If your Parent(s) were not required to file a Federal Tax Return, Check the box that applies:								
	Neither parent was employed, and neither had income earned from work in 2014.							
	One or both parents were employed in 2014 and have listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided. Provide copies of all 2014 IRS W-2 forms issued to the parents by their employers. List every employer even if the employer did not issue an IRS W-2 form.							
		Employer's Name	Annual Amount Earned in 2015	IRS W-2 Provided?				
ABC's	Auto	Body Shop (example)	\$4,500.00	Yes				
		Total Amount of Income Earned From Work	\$					

Child Support Paid				
Did you, your spouse (if r	narried) or you	ur parent(s) (if de	ependent) pay child supp	ort during the year 2015?
Yes No	, .	,.		,
If you, your spouse (if Married) vide in the space below the napaid, the names and ages of th	mes of the person	ns who paid the child	I support, the names of the pe	sehold, paid child support in 2015, pro- rsons to whom the child support was al amount of child support that was
paid in 2015 for each child. Name of Person Who Paid	Name of Dane	on to Whom Child	Name and Ass of Child for M	have Arrayal Arrayant of Child Commont
Child Support		rt was Paid	Name and Age of Child for W Support Was Paid	hom Annual Amount of Child Support Paid in 2015
Cinia Support		t was raid	Support was raid	Tala III 2013
			Total Assessment of Child Course	
Note: If we have reason to hel	iovo that the info	rmation regarding ch	Total Amount of Child Suppo	rt Paid \$ we may require additional documen-
tation, such as:	eve that the info	illiation regarding ci	iliu support palu is maccurate,	we may require additional documen-
			ort certifying the amount of ch	
Copies of the child support	: payment checks	, money order receip	ots, or similar records of electr	onic payments having been made.
CALABAY IS: II				
SNAP Verification				
Did any member of your	household rec	eive Supplement	al Nutrition Assistance Pr	ogram or SNAP (Formerly known
as the Food Stamp Progra	m) anytime du	ıring 2014 or 201	5?	
□ No				
No No				
Yes-	Indicate all ho	usehold membe	rs who received Food Ber	nefits:
				
				s is inaccurate, we may require
documentation from the a	gency that issued	the SNAP benefits in	1 2014 or 2015.	
CERTIFICATION STATEMENT				
By signing below you certify th	at:			
			the Financial Aid Office. You also	o understand that your aid may be REDUCED
I understand that my aid will	be disbursed based	on my certified enroll	ment status and may be different	from my award letter. Withdraws or hours
			red to determine final aid disburs	ement. eral Student Loans this award year solely for
expenses related to your atte	endance at Labette (Community College.	, ,	, ,
			ou must be in a degree-seeking pi gible for Federal Student Aid.	rogram at Labette Community College and
			udent Rights and Responsibilities	
PAYMENT AUTHORIZATION				
I hereby authorize Labette Commi	unity College to trar	nsfer funds from my fir	nancial aid award to pay for charg	es on my student account for my cost of
education (i.e. tuition, fees, books	tore charges, or oth	ner authorized expense	es).	
Each person signing below cer	tifies that all of t	he information repo	orted is complete and correct.	The student and one parent whose
information was reported on		-	•	·
'		-		WARNING: If you purposely give
				false or misleading information,
Print Student's Name		Student's ID Ni	 umber	you may be fined, sent to prison, or both.
				or botti.
Student's Signature	Date	Parent's Signat	cure Date	
		(Dependent Stu	udents Only)	3/3 V1 16-17