



**Office of Financial Aid**  
**2017-2018 Independent Verification Worksheet (V1)**

Monroe Campus Phone 318-345-9005 Fax 318-345-9087

Your FAFSA was selected for review in a process called "Verification." In this process LDCC is required by federal law to compare the information from your FAFSA with other documentation such as a federal income tax return for you and your spouse (if married). If you and/or your spouse (if married) were not required to file a 2015 federal tax return, you must submit copies of any W-2 forms or earning statements. Federal law states we have a right to ask you for this information before awarding federal aid. If there are differences between your FAFSA and the financial documents you submit, corrections will be made electronically to have your information reprocessed.

**We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

**WHAT YOU SHOULD DO:**

- **ALL SECTIONS MUST BE FILLED IN.** Enter a zero if the field does not pertain to you or your spouse (if married).
- Submit the completed worksheet, plus copies of any additional documentation requested to the Office of Financial Aid.
- Do not make any further corrections to the FAFSA once you have submitted this worksheet.

We must review the requested information under the financial aid program rules (CFR Title 34, Part 668).

**STUDENT INFORMATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Mailing Address (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FAMILY INFORMATION** (verifying number in household and college)

List the people in your and/or your spouses' (if married) household. Include yourself, your spouse (if married) and your dependent children if you and/or your spouse will provide more than half of their support from July 15, 2016 through June 30, 2017. Also include, any other people who now live with you and your spouse (if married) for whom you will provide more than half of their support.

List the names of the people in your and/or your spouses' household. Also list the name of the college where any family member, will be enrolled at least half-time in a degree or certificate program. If you need more space, attach a separate sheet.

| Full Name | Age | Relationship         | College Attending |
|-----------|-----|----------------------|-------------------|
|           |     | Self                 | LDCC              |
|           |     | Spouse (if married)  |                   |
|           |     | Dependent Child(ren) |                   |
|           |     |                      |                   |
|           |     |                      |                   |
|           |     |                      |                   |
|           |     |                      |                   |

**Student's / Spouse's Income Information**

- Check here if you are attaching a copy of your 2015 Federal Income Tax Return.
- Check here if you are attaching a copy of you and/or your spouse's 2015 Federal income Tax Return.
- Check here if you and/or your spouse (if married) will not file and are not required to file a 2015 federal income tax return(s).

List below any employer(s) and any income received for you and/or your spouse (if married).  
 Please submit copies of any 2015 W-2 form(s) or other earnings statement(s).  
 If you and/or your Spouse (if married) have no income to report list NONE under Source of Income.

| Source of Income (i.e. Name of Employer) | 2015 Student Income | 2015 Spouse Income |
|--|---------------------|--------------------|
|  |                     |                    |
|  |                     |                    |
|  |                     |                    |
|  |                     |                    |

**Additional Information** Be sure to enter zeros if no funds were paid and/or received.

|  | Student   | Spouse  |
|--|---|---|
| Amount of annual Child Support Paid.   |   |   |
| Child Support Paid to – Name(s) of Eligible Child  |   |   |
| Name(s) of Eligible Child  |   |   |
| Child Support and/or Alimony received.   |   |   |
| Do you receive SNAP?<br>(Supplemental Nutrition Assistance Program)  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Unemployment Benefits Received – attach documentation.   |   |   |
| Social Security and/or Supplemental Security Income – attach statement(s).   |   |   |
| Financial Aid (include student loans) – enter amount of refunds only for 2015.<br>Do not enter total amount awarded. |   |   |
| Cash received from other relatives and/or friends.   |   |   |
| List all other income received not listed above.   |   |   |

**\*\*\*\*IF YOU AND/OR YOUR SPOUSE HAVE A TOTAL INCOME OF LESS THAN \$10,000.00, COMPLETE THE INFORMATION LISTED BELOW.\*\*\*\***

**List all support paid by someone else on your and/or your spouse's (if married) behalf.**

Who provides the following to the student and/or spouse (if married)?

|                              | Amount per month | From what sources is this being paid?<br>(i.e. my job, lived with relatives/friends, etc.) |
|------------------------------|------------------|--|
| Rent                         |                  |  |
| Utilities                    |                  |  |
| Food                         |                  |  |
| Car expenses, gas, insurance |                  |  |

Use the space below to provide additional comments needed to explain how the household was maintained on the income listed above and to report changes in income and/or living accommodations.

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**If zero income is reported**, please explain how you and/or your family were able to support themselves in the past year.

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|  |

**Signatures: By signing this worksheet, I/we certify the information reported on it is complete and correct.**

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_