



South Suburban College
 15800 S. State Street
 Financial Aid Office
 South Holland, IL 60473
 (708)596-2000 ext. 5780
 Fax: (708)210-5746

OFFICE USE ONLY

2016-2017 Verification Worksheet

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *verification*. You and one parent (*if dependent*) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the Financial Aid Office. See <http://www.ssc.edu> on the financial aid page under the Documents section for more information.

A. Student's Information

Last Name: _____ First Name: _____ MI: _____
 SSC ID: _____ Phone: _____

B. Family Information – Please check the box that indicates your current status

- Dependent** – A student is considered dependent if he/she was required to provide parental data on the FAFSA. **Independent** – A student is considered independent if he/she was not required to provide parental data on the FAFSA.

Please include in the table below:

- You and your parents/stepparents (who provide more than half of your financial support)
- Your parent/stepparent's dependent children, if your parent/stepparent's will provide more than half of their support, or if the children would be required to provide parent information when applying for financial aid
- List other people as part of your household only if they now live with your parents and they provide more than half their support **AND** will continue to provide this support from July 1, 2016 through June 30, 2017.
- Provide the name of the college for any household member who will be attending at least half time between July 1, 2016 through June 30, 2017

Please include in the table below:

- You and your spouse, if married
- Your dependent children, if you will provided more than half of their support
- List other people as part of your household only 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 July 1, 2016 through June 30, 2017.
- Provide** the name of the college for any household member who will be attending **at least half time** between July 1, 2016 through June 30 2017

Full Name	Age	Relationship	College Name <i>(do not include parent enrollment)</i>
		Self (student)	South Suburban College

- Attach an additional sheet if necessary to include additional members of the household

C. Income Information – check ONE

Student/Spouse (if married)

- I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. **Skip to Section E**
- I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a signed copy of the IRS Tax Transcript. (www.irs.gov) **Skip to Section E**
- I/we did not file, will not, and am/are not required to file a 2015 U.S. Income tax return. **Go to Section D**

Parent(s) – If Dependent Student

- I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. **Skip to Section E**
- I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a signed copy of the IRS Tax Transcript. (www.irs.gov) **Skip to Section E**
- I/we did not file, will not, and am/are not required to file a 2015 U.S. Income tax return. **Go to Section D**



South Suburban College
 15800 S. State Street
 Financial Aid Office
 South Holland, IL 60473
 (708)596-2000 ext. 5780

OFFICE USE ONLY

2016-2017 Verification Worksheet

D. Income Information for Non-Filers ONLY

If you are not required to file a 2015 U.S. Income Tax Return, list your employer(s) and any income received in 2015 (**attach all W-2 Forms or other earning statements such as 1099-Miscellaneous**). If **NO ONE** in the household (of those listed in **Section B. Family Information** of this form) earned income by working, **FULLY** complete and **ATTACH** the 2016-2017 Low Income form. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Employer Name <i>Note: In most occasions, earning above \$5,800 requires a Tax Return to be filed</i>	Student/Spouse 2015 Amount	Parent(s) – if dependent 2015 Amount
1.		
2.		
3.		
4.		

E. Supplemental Nutrition Assistance Program (SNAP) Benefits

*Please select **YES** or **NO**. **DO NOT** leave anything blank.

Did any member of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
--	------------------------------	-----------------------------

Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2014 and/or 2015.

I, _____, affirm that benefits were received by someone in the household during 2014 and/or 2015.
 (student/parent)

F. Child Support Paid

On your 2016-2017 FAFSA, you have stated that someone in your household paid child support due to a **COURT MANDATED** requirement in 2015. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Child Support you PAID due to a COURT-MANDATED requirement (attach a separate page if needed) in 2015				
Child's Name	Name of person paying child support	Name of person receiving child support	Student/Spouse (if married) Annual Amount	Parent(s) (if dependent) Annual Amount

G. Child Support Received

On your 2016-2017 FAFSA, you have stated that someone in your household received child support due to a **COURT MANDATED** requirement in 2015. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Child Support you RECEIVED due to a COURT-MANDATED requirement (attach a separate page if needed) in 2015				
Child's Name	Name of person paying child support	Name of person receiving child support	Student/Spouse (if married) Annual Amount	Parent(s) (if dependent) Annual Amount

H. Untaxed Income

*Please select **YES** OR **NO**. **DO NOT** leave anything blank.

Sources of Untaxed Income	Student/Spouse (if married) 2015 Amount	Parent(s) (if dependent) 2015 Amount
Are the IRA Distributions from your IRS form 1040 or 1040A a rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the Pension Distributions from your IRS form 1040 or 1040A a rollover amount?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



South Suburban College
 15800 S. State Street
 Financial Aid Office
 South Holland, IL 60473
 (708)596-2000 ext. 5780

OFFICE USE ONLY

2016-2017 Verification Worksheet

I. Grants/Scholarships

If you receive grants/scholarships for the year 2015-2016 for which you reported on your 2015 federal tax returns, please list the amount here: \$ _____

I. Identity/Statement of Educational Purpose

Please submit a valid government-issued photo identification, including but not limited to a driver's license, state identification card, military identification or passport

(To Be Signed at the Institution)

The student must appear in person at South Suburban College to
 (Name of Postsecondary Educational Institution)
 verify his or her identity by presenting a valid government-issued photo identification (ID), such as but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received of the officiant at the institution authorized to collect the student's ID.

In addition, the student, must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
 (Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending:

South Suburban College for 2016-2017.
 (Name of Postsecondary Educational Institution)

 (Student ID Number)

 (Student's Signature)

 (Date)

 If the statement is mailed in, please submit a photocopy of the government issued ID and an original notarized statement signed by the student certifying the federal financial aid received will only be used for educational purposes to pay the cost of attending at SSC for 2016-2017

****Failure to have this statement notarized, will delay the financial aid from being processed and may result in the loss of classes or a student bill. If a student chooses not to have the statement notarized he/she must present his/her ID and sign the statement of educational purpose in person at South Suburban College.****

 NOTARY STAMP

 (Date)

J. Sign this Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

 Student's Signature

 Date

 Parent Signature (if dependent)

 Date