



**Hinds Community College
Office of Financial Aid
2016-2017
Dependent Verification**

Office Use Only:
Name: _____
ID: _____ FA16CV1D

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The verification process requires Hinds Community College to compare your FAFSA information with the information on all institutional required documents. You must complete and sign this institutional verification document, attach any required documents, and submit all required documents to us. Additional information may be required to resolve conflicting data.

A. STUDENT INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security# or ID#	Phone number

B. FAMILY INFORMATION

List the people in your household. Including:

1. Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
2. Your parents other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2016, through June 30, 2017.
3. Other people if they now live with your parents and your parents 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.

Write the names of ALL household members in the space(s) below. Also, write in the name of the college for any household member, excluding your parent(s), who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

Name	Age	Relationship	College
		<i>SELF</i>	<i>HINDS CC</i>

C. SNAP BENEFITS (Proof may be required).

Did any member of your household (listed in Section B) RECEIVE benefits from the Supplemental Nutrition Assistance Program (SNAP) at any time during 2014 or 2015?

No Yes (If YES, I agree that, if asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014 or 2015).

D. CHILD SUPPORT PAID FOR A CHILD NOT LISTED IN THE HOUSEHOLD (Proof may be required)

Did your parent(s) (listed in the household) PAY child support in 2015?

No Yes (If YES, indicate the 2015 child support PAID below).

SUPPORT PAID BY	SUPPORT PAID TO	NAME AND AGE OF CHILD	2015 AMOUNT PAID

Student's Last Name

First Name

M.I.

Social Security# or ID#

Phone number

E. STUDENT'S 2015 TAX INFORMATION

Check one:

_____ Student **has used** the *IRS DRT* (Data Retrieval Tool) on the *FAFSA*.

_____ Attached is my 2015 IRS Tax Return Transcript. (**Do not submit a copy of the 1040, 1040A, or 1040EZ**).
To obtain a 2015 IRS Tax Return Transcript, go to www.irs.gov and click on the "Order a Return or Account Transcript" link. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript." Use the Social Security Number and date of birth of the first person listed on the 2015 IRS income tax return, and the address on file with the IRS (normally this will be the address used on the 2014 IRS income tax return).

_____ Student did not work and did not file taxes for the 2015 year.

_____ Student was employed in 2015, but was not required to file a tax return. List the names of all employers and the amount earned from each employer. *Provide copies of all 2015 IRS W-2 forms issued to the student by the employer(s). List every employer even if the employer did not issue an IRS W-2 form.*

Employer's Name	2015 Amount Earned	IRS W-2 Provided?
<i>Suzy's Auto Body Shop (Example)</i>	<i>\$2000.00</i>	<i>Yes</i>

F. PARENT'S 2015 TAX INFORMATION

Check one:

_____ The parent **has used** the *IRS DRT* (Data Retrieval Tool) in *FAFSA*.

_____ Attached is the parent(s) 2015 IRS Tax Return Transcript. (**Do not submit a copy of the 1040, 1040A, or 1040EZ**).
To obtain a 2015 IRS Tax Return Transcript, go to www.irs.gov and click on the "Order a Return or Account Transcript" link. Make sure to request the "IRS Tax Return Transcript" and not the "IRS Tax Account Transcript." Use the Social Security Number and date of birth of the first person listed on the 2015 IRS income tax return, and the address on file with the IRS (normally this will be the address used on the 2015 IRS income tax return).

_____ The parent(s) did not work and did not file taxes for the 2015 year.

_____ The parents(s) was employed in 2015, but was not required to file a tax return. List the names of all employers and the amount earned from each employer. *Provide copies of all 2015 IRS W-2 forms issued to the student by the employer(s). List every employer even if the employer did not issue an IRS W-2 form.*

Employer's Name	2015 Amount Earned	IRS W-2 Provided?
<i>Suzy's Auto Body Shop (Example)</i>	<i>\$2000.00</i>	<i>Yes</i>

G. CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all the information reported is complete and correct. **Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Hinds Community College Notice of Non-discrimination Statement:

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice President for Administrative Services, 34175 Hwy. 18, Utica, MS 39175 601.885.7002 Dr. Tyrone Jackson, Associate Vice President for Student Services & Title IX Coordinator, P. O. Box 1100 Raymond Campus (Denton Hall 221), Raymond, MS 39154 601.857.3232 titleIX@hindscc.edu

Disability Support Services Statement:

Hinds Community College provides reasonable and appropriate accommodations for students with disabilities. Disability Services staff members verify eligibility for accommodations and work with eligible students who have self-identified and provided current documentation. Students with disabilities should schedule an appointment with the designated Disability Services staff member on their respective campus to establish a plan for reasonable, appropriate classroom accommodations.

Mail to: Office of Financial Aid – P.O. Box 1100 – Raymond, MS 39154-1100