



**Hinds Community College
Office of Financial Aid
2018-2019
Dependent Verification**

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| Office Use Only: Name: _____ ID: _____ FA18CDVF |
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Your 2018-2019 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, 2018, through June 30, 2019.
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, 2018, through June 30, 2019.

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, 2018, and June 30, 2019.

| Name | Age | Relationship | College |
|------|-----|--------------|-----------------|
| | | <i>SELF</i> | <i>HINDS CC</i> |
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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 2016 or 2017?

No Yes (If YES, I agree that, if asked by my school, I will provide documentation of the receipt of SNAP benefits during 2016 or 2017.)

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 2016?

No Yes (If YES, indicate the 2016 child support PAID below).

| SUPPORT PAID BY | SUPPORT PAID TO | NAME AND AGE OF CHILD | 2016 AMOUNT PAID |
|-----------------|-----------------|-----------------------|------------------|
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| | | | |
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Student's Last Name _____ First Name _____ M.I. _____ Social Security# or ID# _____ Phone number _____

E. STUDENT'S 2016 TAX INFORMATION

Check one:

- Student **has used** the *IRS DRT* (Data Retrieval Tool) on the *FAFSA*.
- Student will provide the school with a 2016 IRS Tax Return Transcript.
- Student is attaching a 2016 IRS Tax Return Transcript. (**Do not submit a copy of the 1040, 1040A, or 1040EZ**). To obtain a **2016 IRS Tax Return Transcript**, go to www.irs.gov and click on the "Order a Return or Account Transcript" link or call 1-800-908-9946.
- Student did not work and did not file taxes for the 2016 year.
- Student was employed in 2016, 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 2016 IRS W-2 forms issued to the student by the employer(s) **or** a Wage & Income Transcript. List every employer even if the employer did not issue an IRS W-2 form.

| Employer's Name | 2016 Amount Earned | IRS W-2 Provided? |
|--|--------------------|-------------------|
| <i>Suzy's Auto Body Shop (Example)</i> | <i>\$2000.00</i> | <i>Yes</i> |
| | | |
| | | |
| | | |

F. PARENT'S 2016 TAX INFORMATION

Check one:

- Parent(s) **has used** the *IRS DRT* (Data Retrieval Tool) in *FAFSA*.
- Parent(s) will provide the school with a 2016 IRS Tax Return Transcript.
- Parent is attaching a 2016 IRS Tax Return Transcript. (**Do not submit a copy of the 1040, 1040A, or 1040EZ**). To obtain a **2016 IRS Tax Return Transcript**, go to www.irs.gov and click on the "Order a Return or Account Transcript" link or call 1-800-908-9946.
- Parent(s) did not work and did not file taxes for the 2016 year.
 - Attached is confirmation of non-filing status.**
 - Non-filing confirmation will be provided later.**
- Parents(s) was employed in 2016, 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 2016 IRS W-2 forms issued to the student by the employer(s) **or** a Wage & Income Transcript. List every employer even if the employer did not issue an IRS W-2 form.
 - Attached is confirmation of non-filing status.**
 - Non-filing confirmation will be provided later.**

| Employer's Name | 2016 Amount Earned | IRS W-2 Provided? |
|--|--------------------|-------------------|
| <i>Suzy's Auto Body Shop (Example)</i> | <i>\$2000.00</i> | <i>Yes</i> |
| | | |
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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 person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titelx@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.