



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

Office Use Only: Name: _____ ID: _____ FA18CIVF
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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 spouse if married), and
2. Your (and your spouse if married) children, even if they don't live with you, if you will provide more than half of their support from July 1, 2018, through June 30, 2019.
3. Other people, 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, 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 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
		SELF	HINDS CC

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 2015 or 2016).

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

Did you (or your spouse, if married) **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

Student's Last Name First Name M.I. Social Security# or ID# Phone number

E. STUDENT'S 2016 TAX INFORMATION

Check one:

- Student and spouse (if married) **have 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.
 - Attached is confirmation of non-filing status.**
 - Non-filing confirmation will be provided later.**
- 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.
 - Attached is confirmation of non-filing status.**
 - Non-filing confirmation will be provided later.**

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

F. SPOUSE'S 2016 TAX INFORMATION

Check one:

- Spouse will provide the school with a 2016 IRS Tax Return Transcript.
- Spouse 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.
- Spouse 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.**
- Spouse 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?
Suzy's Auto Body Shop (Example)	\$2000.00	Yes

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: _____

Spouse Signature (Optional): _____ 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: 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.