



2015-2016 VERIFICATION WORKSHEET

V1

STUDENT'S INFORMATION: *(Please print)*

Last Name	First Name	M.I.	Social Security Number
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

SECTION A: Student's 2014 Information *(do not leave any answer blank-if not applicable indicate "N/A")*

<p>1. If you (or your spouse) filed or will file a 2014 Federal Income Tax, you must send a copy of your income tax transcript to the Financial Aid Office</p> <p><input type="checkbox"/> I have already submitted a transcript of my income tax 2014, or I used the IRS Data Retrieval on my FAFSA application</p> <p><input type="checkbox"/> I am submitting a copy of my (our) 2014 transcript with this form</p> <p><input type="checkbox"/> I will submit a copy of my (our) 2014 transcript</p> <p><input type="checkbox"/> I did not and will not file a 2014 return.</p> <p><input type="checkbox"/> My spouse did not and will not file a 2014 return.</p>	<p>8. If you (or your spouse) worked in 2014 but were not required to file a 2014 return, list your (or your spouse's) employer and the amount of income you (or your spouse) earned.</p> <table border="1" style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="width:70%">EMPLOYER</th> <th style="width:30%">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	EMPLOYER	AMOUNT																												
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<p>2. How much of the income reported on your (or your spouse's) 2014 return was from Work-Study earnings? \$.00</p>	<p>9. If you (or your spouse) received any of the following untaxed income and benefits in 2014, how much did you (or your spouse) receive for the FULL year?</p> <table border="1" style="width:100%; margin-top: 5px;"> <tbody> <tr><td>Social Security</td><td>\$ N/A</td><td>.00</td></tr> <tr><td>Child Support</td><td>\$</td><td>.00</td></tr> <tr><td>AFDC/ADC or TANF Benefits</td><td>\$ N/A</td><td>.00</td></tr> <tr><td>Other Welfare Benefits/SNAP/Food Stamps</td><td>\$ N/A</td><td>.00</td></tr> <tr><td>Military allowances (BAQ and BAS)</td><td>\$</td><td>.00</td></tr> <tr><td>Clergy housing and living allowances</td><td>\$</td><td>.00</td></tr> <tr><td>Other untaxed income and benefits:</td><td></td><td></td></tr> <tr><td>Type:</td><td>\$</td><td>.00</td></tr> <tr><td>-----</td><td></td><td></td></tr> <tr><td>Type:</td><td>\$</td><td>.00</td></tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><i>SUBMIT SUPPORTING DOCUMENTATION FROM EACH SOURCE</i></p>	Social Security	\$ N/A	.00	Child Support	\$.00	AFDC/ADC or TANF Benefits	\$ N/A	.00	Other Welfare Benefits/SNAP/Food Stamps	\$ N/A	.00	Military allowances (BAQ and BAS)	\$.00	Clergy housing and living allowances	\$.00	Other untaxed income and benefits:			Type:	\$.00	-----			Type:	\$.00
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<p>5. If you (or your spouse) paid child support in 2014, how much did you (or your spouse) pay for the FULL year? \$.00</p>	<p>6. If you had a retirement fund 'rollover' included on your (or your spouse's) 2014 return, how much was the 'rollover'? \$ N/A .00</p>																														
<p>7. Hope and Lifetime Learning Tax Credits from IRS Form 1040-line 50: or 1040A-line 33. \$.00</p>																															

SECTION B: Family Information

DEPENDENT – Fill in the information about the people whom your parent(s) will support between July 1, 2015 and June 30, 2016. Include yourself, your parent(s) and your parents' dependent children if they will receive more than half of their support from your parent(s) or if they would be required to provide parental information when applying for Federal Student Aid. Include other people only if they live with and received more than half of their support from your parent(s) at the time you completed your application, and will continue to receive this support between July 1, 2015 and June 30, 2016.

INDEPENDENT – Fill in the information about the people you will support between July 1, 2015 and June 30, 2016. Include yourself, your spouse, and your dependent children if they will receive more than half of their support from you. Include other people only if they live with and received more than half of their support from you or your spouse at the time you completed your application, and will continue to receive this support between July 1, 2015 and June 30, 2016.

First Name	Last Name	Age	Relationship to you (Parent, brother/sister, etc.)	If person will attend college half-time or more in 2015-2016 print the name of the college.
			SELF	LSC-PA

Check this box if there are more than five family members. Attach a list of these people, providing the same information as requested above for each person.

SECTION C: Parents 2014 Information (do not leave any answer blank-if not applicable indicate "N/A")

Parental information must be completed if you were required to provide parental information when completing the Free Application for Federal Student Aid (FAFSA)

<p>1. If your parents (father, stepfather, mother or stepmother) filed or will file a 2014 Federal Income Tax transcript, you must submit a signed copy of their transcript to the Financial Aid Office. <u>Please print your full name and ID Number security number on the signed copy.</u></p> <p><input type="checkbox"/> I have already submitted a copy of my parents 2014 transcript, or they have used the IRS Data Retrieval on my FAFSA application</p> <p><input type="checkbox"/> I am submitting my parents 2014 transcript with this form</p> <p><input type="checkbox"/> I will submit a copy of my parent's 2014 transcript</p> <p><input type="checkbox"/> My father (stepfather) did not and will not file a 2014 transcript.</p> <p><input type="checkbox"/> My mother (stepmother) did not and will not file a 2014 transcript.</p>	<p>8. If either of your parents worked in 2014 but were not required to file a 2014 return, list their employer and the amount of income they earned.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:70%;">EMPLOYER</th> <th style="width:30%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	EMPLOYER	AMOUNT																				
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SECTION D: Certification and Signatures

You (spouse signature optional) must sign below certifying the accuracy of the information provided on this form. If you were required to provide parental information, at least one of your parents must also sign below certifying the accuracy of the information provided on this form.

Lamar State College-Port Arthur is an equal opportunity/affirmative action educational institution and employer. I give permission for corrections to be made to the FAFSA by the LSC-PA Financial Aid Office. I (we) certify that all of the information on this form is completed and correct.

Student's Signature **Date**

Father's (Stepfather's) Signature **Date**

Spouse's Signature **Date**

Mother's (Stepmother's) Signature **Date**