

Student Name: _____

Student Number: _____



Central Alabama Community College

**2016-2017 Standard
Verification Worksheet
INDEPENDENT**

Use for V1, V5 and V6

A. Student Information

Student Cell/Telephone Number _____

Student Birth Date _____

Student Email Address _____

B. Student Family Information

List below the people in your household. Include:

- * Yourself and spouse, if applicable
- * Your children that live with you and you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- * 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 through June 30, 2017. Documentation of support is required.
- * List 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 a postsecondary educational institution any time between July 1, 2016 and June 30, 2017.

Full name	Age	Relationship	College	Enrolled at least half time?
		<i>self</i>	<i>CACC</i>	

C. Income Information

Student	Spouse	Mark each circle that applies.
<input type="radio"/>	<input type="radio"/>	Worked in 2015 but did not file and not required to file 2015 federal tax return (A copy of each W-2 must be attached.)
<input type="radio"/>	<input type="radio"/>	Did not work in 2015 and had no income
<input type="radio"/>	<input type="radio"/>	Filed 2015 federal tax return
<input type="radio"/>	<input type="radio"/>	Did not file 2015 federal tax return and not required to file

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List each employer and amount earned. Indicate who worked.

Student	Spouse	Employer's Name	2015 Amount Earned
<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		
<input type="radio"/>	<input type="radio"/>		

E. Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) Check one.

- NO- No one listed in Section B of this worksheet received SNAP benefits for 2014 or 2015.
- YES- One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. (If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.)

F. Child Support Paid Check one.

- NO- No one listed in Section B of this worksheet paid child support for 2015.
- YES- One of the student's household members listed in Section B of this worksheet paid child support in 2015.

Complete the boxes below indicating who paid child support, to whom it was paid, for what child and what amount was paid in 2015. (If asked by the school, I will provide documentation of the payment of child support.)

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

G. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Spouse's Signature
(Required if spouse paid child support listed in Section F)

Date

It is the official policy of Central Alabama Community College that no person shall, on the grounds of race, color, handicap, gender, religion, creed, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.