

2016-2017 INDEPENDENT VERIFICATION WORKSHEET

RETURN FORM TO: Southeastern Oklahoma State University 1405 N. Fourth Avenue, PMB 4113 Durant, OK 74701-0609 (580)745-2186 Fax: 580-745-7469 Email: financialaid@se.edu	A. Student Information
	Last name _____ First name _____ M.I. _____
	Phone number (include area code): _____
	Social Security #: _____ Student ID #: _____

Your application was selected for review in a process called "Verification." We are required to compare information from your application with copies of your and your spouse's (if applicable) 2015 IRS tax return transcript and/or other financial documents. Bring this signed completed worksheet to the SE Financial Aid Office, along with your IRS tax return transcripts, if IRS retrieval option was not used on FAFSA. Also attach any other documents requested so that your financial aid processing can resume. If needed, SE will submit corrections electronically to the Federal Processor.

Once you submit the requested documents, please do not make any corrections to your FAFSA unless you are instructed to do so by the SE Financial Aid Office.

B. Family Information

List the people in your household. Include:

- You and your spouse
- Your children if you will provide more than half of their support from July 1, 2016, through June 30, 2017, even if they don't live with you
- 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, 2016, through June 30, 2017.

Write the names of ALL household members. Also write in the name of the college for any family member who will be attending college at least half-time between July 1, 2016, and June 30, 2017, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	Name of College <i>(If half-time attendance or more during 2016-2017)</i>
		Self	Southeastern Oklahoma State University

C. Income Information-If you did not use the IRS retrieval option on the FAFSA, please submit a signed copy of your Federal IRS tax return transcript, which can be obtained from the IRS by calling 800-829-1040 or requesting it online at www.irs.gov.

Student's/Spouse's Income Information

___ Check here if you will not file and are not required to file a 2015 U.S. Federal Tax Return.

___ Check here if your spouse will not file and is not required to file a 2015 U.S. Federal Tax Return.

If you and/or your spouse did not file and are not required to file a 2015 Federal Tax Return, list below your employer(s) and any income received in 2015. **ATTACH ALL W-2s.**

Employer(s) or Source(s)	2015 Income	Employer(s) or Source(s)	2015 Income

Complete Section D only if requested on Campus Connect

D. Additional Information to be Verified

Did you or anyone in your household (listed in Section B) receive Supplemental Nutrition Assistance Program (SNAP), such as Food Stamps in 2014 and/or 2015? Yes No

Did you or your spouse (if married) pay child support during 2015? Yes No **IF YES, complete the section below.**

Name of person who **PAID** child support: _____

Name of person to whom child support was paid: _____

Name of child for whom support was paid: _____ Age _____

Amount paid in 2015: \$ _____

E. Additional Financial Information

List the amounts reported for 2015. Do not leave any blank. Enter "0" or N/A.

FINANCIAL INFORMATION	STUDENT	SPOUSE
Payments to tax-deferred pension and savings plans (W-2 forms, boxes 12a-d, codes D,E,F,G,H,S)	\$	\$
Child support received	\$	\$
Housing, food, & other living allowances paid to military, clergy, etc. (exclude on-base housing)	\$	\$
Veterans non-education benefits	\$	\$
Worker's and Disability Compensation (exclude Social Security Disability)	\$	\$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$	\$

F. Certification and Signatures

Each person signing this worksheet certifies that all information reported is complete and correct. The student and spouse must sign and date.

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

Student's Signature

Date

Spouse's Signature

Date