

2018-2019 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

DEPENDENT STUDENT Tracking Group

V5

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called <u>verification</u>. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM-FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information				
Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number	
Student's Mailing Address (P.O Box City, State, Zip Code)			Student's Date of Birth	Home Phone

B. Dependent Student's Family Information

Number of Household Members: List below the people in the parents' household. Include:

- Yourself and parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if the parent(s) will provide more than half of the children's support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards even if the children do not live with your parent(s).
- Other people if they now live with your parent(s) and the parent(s provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2019.

Number in College: Please include in the space below information about any household member, excluding the parents, who is, or 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, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
Missy Jones (example)	18	Sister	Central University	Yes
		Self		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name:	SS/ID Number:				
C. Dependent <u>Student's Income</u> Information to Be Verified					
1. NON U.S TAX RETURN FILERS					
I, the student, completed a 2016 foreign tax return or a tax return copy is attached. If you did not file a tax return, complete Item #2		tates (FAS). A			
If more space is needed, attach a separate page with the student's name	and Social Security Number at the top.				
Employer's Name		2 Attached?			
ABC Shipping (example)	\$1,280 Yes				
Note: We may require you to provide documentation from the IRS that in	ndicates a 2016 IRs income tax return was not filed with the l	RS.			
2. TAX RETURN NONFILERS (including non-working) Complete this section if you did not file and <u>is not required</u> to file a 2016	income tax return with the IRS or any other government age	ncy.			
Check the box that applies:					
I, the student, was not employed and had no income earned from work in 2016.					
I, the student, was employed in 2016 and has listed below the names of all employers, the amount earned from each employer in 2016, and whether an IRS W-2/wage statement form is attached. Provide copies of all 2016 IRS W-2/wage statement forms issued to you by your employers. List every employer even if they did not issue an IRS W-2/statement form.					
D. <u>Parent's Income</u> Information to Be Verified					
1. NON U.S TAX RETURN FILERS					
The student's, parent completed a 2016 foreign tax return or a ta A copy is attached. If the parent(s) did not file a tax return, completed a 2016 foreign tax return, completed a 2016 foreign tax return.		ciated States.			
If more space is needed, attach a separate page with the student's name	and Social Security Number at the top.				
Employer's Name	IRS W-2 2016 Amount Earned Attached?				
Pro Auto	\$980 Yes				
Parent 1: Parent 2:					
Note: We may require you to provide documentation from the IRS that in	ndicates a 2016 IRs income tax return was not filed with the	IRS.			
2. TAX RETURN NONFILERS (including non-working) Complete this section if the student's parent(s) will not file and <u>is not rec</u> agency.	<u>quired</u> to file a 2016 income tax return with the IRS or other ε	government			
Check the box that applies:					
Neither parent was employed, and neither had income earned from	om work in 2016.				
One or both parents were employed in 2016 and have listed below 2016, and whether an IRS W-2/wage statement form is provided parents by their employers. List every employer even if they did results to the control of	d. Provide copies of all 2016 IRS W-2/wage statement form				

Student Name:		SS/ID Number:		
E. Parent's Other Information	on to Be Verified both of the student's parent(s) paid	for child support in 2016.		
1. SNAP Benefits, check the bo	x:			
One of the persons lister	d in the household received SNAP be	enefits in 2016.		
Note: If we have reason to belice from the agency that issued the	eve that the information regarding the SNAP benefits in 2016.	he receipt of SNAP benefits is inacc	urate, we may require doc	umentation
2. Child Support Paid, check th	e box:			
the parent(s) household whom the child support child support that was p	ident's parents included in the housd. Provide in the space below the nat was paid, the names and ages of the tail in 2016 for each child. It is a separate page that includes the state.	ames of the persons who paid the the children for whom child suppo	e child support, the names ort was paid, and the total	of the persons to
Name of Person Who Paid	Name of Person to Whom	Name of Child for Whom	Age of Child for	Amount of
Joe Jones	Child Support was Paid Jane Doe	Support Jake Jones	Whom Support Was 5	Child Support
A signed statement free Copies of the child support of the child support of the School Completion Section on the following do Check the box of the document of the statement of the statemen	cuments that will indicate your high you will attach to this worksheet	I support certifying the amount of creceipts, or similar records of elec	child support received; or tronic payment having bee	n made.
A copy of your final of	chool diploma fficial high school transcript that sho	ws the date when your diploma wa	as awarded	
A state certificate or	transcript received by you after pon) that the State recognizes as the e	assing a State-authorized examina	ation (GED test, HSET, TAS	SC, or other State-
For students who co- similar document.	mpleted secondary education in a	foreign country, a copy of the "se	econdary school leaving ce	ertificate" or other
An academic transcript bachelor's degree.	ot that indicates your successful com	npletion of at least a two-year prog	ram that is acceptable for	full credit toward a
I I	student in a state where state law an a high school diploma or its equiv		secondary school comple	tion credential for
for homeschool (oth guardian, that lists t	dent from a state where state law der than a high school diploma or the secondary school courses the ry school education in a homeschool	its equivalent), a transcript or ed student completed and included	uivalent, signed by the s	tudent's parent or

A student who is unable to obtain the documentation listed above must contact the nearest COM-FSM Financial Aid Office.

Student Name:		SS/ID Number:			
G. Identity and Statement of Educa Section G is <u>ONLY</u> to be completed	=	Financial Aid Office or front of a Nota	nry		
The student must appear in person at					
	(Name	of Postsecondary Education Institution)			
state-issued ID, or passport. COM-FSM date it was received and reviewed by Statement of Education Purpose provide	Financial Aid Office will mainta Financial Aid. In addition, the ded below. If you cannot appe	photo identification (ID), such as, but not ain a copy of the student's photo ID that is student must sign, in the presence of a C ear in person to sign this Statement of Ed ducational Purpose notarized by a public	annotated by the College with the COM-FSM Financial Aid official, the lucation Purpose, you will need to		
	Statement of	Education Purpose			
I certify that I Printed Student'		he individual signing this Statement of Edu	ucational Purpose and that the		
Federal student financial assistance I ma	ay receive will only be used for	educational purposes and to pay the cost	of attending		
(Name of Postsecondary Education i	nstitution)		– for 2018-2019		
Student's Signature	Date	Financial Aid Official's Signature	 Date		
	·	ificate of Knowledge			
State of	City/Country of		On		
before me,(Notary Signature)	personally appeared,_	(printed name of signer)			
and proved to me on basis of satisfactor	ry evidence of identification	(Type of government-issued photo ID pro	vided)		
To be the above named person who sign	ned the foregoing instrument.				
WITNESS my hand and official seal	(h)	(2			
	(Notary Signature)	(Date Cor	mmission Expires)		
	(Se	eal)			
H. Certification and Signatures					
		ed on it is complete and correct. WARNING cenced to jail, or both. The student and or			
Student's Signature		Date			
Parent's Signature		 Date			

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