

Verification Worksheet

2018-2019



Office of Financial Aid
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 Detroit, MI 48202
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 460 W. Baltimore St.
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You are required to provide the following information as your Free Application for Federal Student Aid (FAFSA) was selected by the US Dept. of Education for review. This process is called Verification and we cannot process your financial aid until Verification has been completed, so please provide the following information and required documents as soon as possible.

| | | | |
|--|---------------------------|-----------------|--|
| <i>Student Last Name</i> | <i>Student First Name</i> | <i>MI</i> | <i>CCS ID Number</i> |
| <i>Street Address</i> | | | <i>Date of Birth</i> |
| <i>City</i> | <i>State</i> | <i>ZIP Code</i> | <i>E-Mail Address</i> |
| <i>Home Phone Number (Include Area Code)</i> | | | <i>Cell Phone Number or Alternate Phone Number</i> |

Family Information

- Dependent Students:** List the people that your parent(s) will support between July 1st, 2018 and June 30th, 2019:
 (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include the following:
- The student.
 - The parents (including a step-parent), even if the student doesn't live with the parents.
 - The parents' other children, if the parents will provide more than half of their support from July 1st, 2018, through June 30th, 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 the parents.
 - Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30th, 2019.

- Independent Students:** List the people that you (and your spouse) will support between July 1st, 2018 and June 30th, 2019:
 (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include the following:
- The student (and the student's spouse, if he/she has one), **and**
 - The independent student's children, if he/she will provide more than half of their support from July 1st, 2018 - June 30th, 2019, **and**
 - Other people if they now live with the independent student and he/she provides more than half of their support, and the independent student will continue to provide more than half of their support from July 1st, 2018 - June 30th, 2019.

Include the name of the college for any household member, excluding the parents, 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 1st, 2018, and June 30th, 2019.

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

| | Full Name | Age | Relationship | Name of College | If you filed a tax return and claimed self, please check below | |
|----|------------------|------------|---------------------|------------------------|---|--------|
| 1. | _____ | _____ | <i>Self</i> | _____ | Yes ___ | No ___ |
| 2. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |
| 3. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |
| 4. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |
| 5. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |
| 6. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |
| 7. | _____ | _____ | _____ | _____ | Yes ___ | No ___ |

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.

Income and IRS Tax Information

I. Student (and Spouse) Income Information:

Check the appropriate boxes below and provide the requested information and documents:

- I/we used the IRS Data Retrieval Tool to transfer **2016** income information to the FAFSA and no further changes were made and/or I/we have attached a copy of my/our **2016 IRS Tax Return Transcript(s)**. To obtain an IRS tax return transcript you can go to www.irs.gov and click on the "order a Return or Account Transcript" link, or call 1-800-908-9946.
- Will not file/Non-filer

II. Parent(s) Income Information:

Check the appropriate boxes below and provide the requested information and documents:

- I/we used the IRS Data Retrieval Tool to transfer **2016** income information to the FAFSA and no further changes were made and/or I/we have attached a copy of my/our **2016 IRS Tax Return Transcript(s)**. To obtain an IRS tax return transcript you can go to www.irs.gov and click on the "order a Return or Account Transcript" link, or call 1-800-908-9946.
- Will not file/Non-filer

STUDENT 2016 ANNUAL AMT RECEIVED

PARENT 2016 ANNUAL AMOUNT RECEIVED

| | | |
|----|---|----|
| \$ | Payments to tax deferred pension and savings (found in Box 12 of W-2 form) | \$ |
| \$ | Housing, food and other living allowances paid to members of the military, clergy or others (including Rent Subsidies such as Section 8 etc.) | \$ |
| \$ | Veterans non-education benefits | \$ |
| \$ | Other untaxed income not reported elsewhere, such as, Worker's compensation, disability etc. Also include the untaxed portion of health savings account from IRS Form 1040 line 25 | \$ |
| \$ | Any additional money provided to you or bills paid on your behalf. This includes money that you received from a non-custodial parent that is not part of a legal child support agreement. Also include distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as your grandparents, aunts, and uncles). | \$ |
| \$ | Cash income from work not reported on a W-2 form | \$ |

Certifications and Signatures

By signing this worksheet, I/we certify that all the information reported within is complete and accurate:

Student's Signature

Date

Parent's/Spouse's Signature

Date

FOR INTERNAL USE ONLY

| | | |
|--|-------------------------------|------------------|
| Date Received: _____ | Date Processed: _____ | Recipient: _____ |
| Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending | FA Counselor Signature: _____ | Date: _____ |