



COLUMBIA COLLEGE

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2017-2018 V6 Independent Household Resources Worksheet

Your **2017–2018 Free Application for Federal Student Aid (FAFSA)** was selected for review in a process called **verification**. The law says that before awarding Federal Student Aid, **Columbia College Office of Student Financial Aid (CC OSFA)** may ask you to confirm the information **you (and your spouse, if you married)** reported on your FAFSA. To verify that you provided the correct information, CC OSFA 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 your spouse, if you married) whose information was submitted on the FAFSA, must complete and sign this worksheet, attach any required documents, and submit this form and the required documents to CC OSFA.** After a review of the information you submit, the CC OSFA may still ask for additional information. If you have questions about verification, contact the CC OSFA as soon as possible so that the processing of your financial aid will not be delayed.

A. Student's Information

_____ LastName MiddleInitial First Name			_____ XXX-XX- SocialSecurity Number
_____ StreetAddress(includeapt. #)			_____ DateOf Birth(MM/DD/YYYY)
_____ City	_____ State	_____ ZipCode	_____ Primary Phone
_____ EmailAddress			

B. Student's Family Information

List the members of your household below. Be sure to include:

- **Yourself** on the first line below.
- **Your spouse, if you are married.** (In accordance with the Defense of Marriage Act (DOMA), same sex couples must report their marital status as married if they were legally married in a state or other jurisdiction (foreign country) that permits same-sex marriage, without regard to where the couple resides).
- **Your children (if any) and your spouse's children, if you and/or your spouse will provide more than half of their support from July 1, 2017 through June 30, 2018, even if the children do not live with you.**
- Other people if they now live with you and you and/or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

In the space below, please include the information about any household member 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, 2017 and June 30, 2018** and include the name of the college. *If more space is needed, attach a separate sheet of paper.*

First and last name of family member	Age	Relationship to student	Name of college the person will attend <u>at least half-time</u> between 07/01/17 – 06/30/18:
		Self	Columbia College

Note: The CC OSFA may require additional documentation if there is reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name: _____

C. Student's Income Information to Be Verified

• TAX RETURN FILERS

***IMPORTANT:** If you (or your spouse, if married) filed, or will file, an extension, an amended or foreign 2015 IRS tax return, please contact the CC OSFA before completing this section.

***INSTRUCTIONS:** Complete this section if you (and spouse, if married), filed or will file a **2015 income tax return with the IRS**. *The best way to verify income is by using the IRS Data Retrieval Tool when applying for FAFSA. If you have not already used the tool, you should go to fafsa.gov, log-in to your FAFSA record, select "Make FAFSA Corrections," and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into your FAFSA. **In most cases, for electronic IRS tax return filers, it takes two to three weeks for IRS income information to be available for the IRS Data Retrieval Tool, and six to eight weeks for paper IRS tax return filers.** If you need more information about how to use the IRS Data Retrieval Tool, contact 1-800-4FED-AID (or 1-800-433-3243).*

Check the box that applies:

- I have used the IRS Data Retrieval Tool in the FAFSA to transfer my (and my spouse's, if married) **2015 IRS income information** into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- I have not yet used the IRS Data Retrieval Tool in the FAFSA, but I will use the tool to transfer my (and, if married, my spouse's) **2015 IRS income information** into my FAFSA once I have filed a **2015 IRS tax return**.
➤ See the instructions above for the information on how to use the IRS Data Retrieval Tool. The CC OSFA cannot complete the verification process until the IRS information has been transferred into your FAFSA.
- I am unable or choose not to use the IRS Data Retrieval Tool in the FAFSA and I will submit to the CC OSFA a **2015 IRS tax return transcript**—not a photocopy of the income tax return.
➤ To obtain a 2015 IRS tax return transcript, go to www.irs.gov, and under "Tools", click on the "Get a Tax Transcript" link; or call 1-800-908-9946. You may also download the Apple or Google IRS Apps online or submit a Paper Request IRS Form 4506T-EZ or 4506-T. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (the address should be the one that you used when the 2015 IRS tax return was filed). **If you are married, and you and your spouse filed 2015 tax returns separately, a 2015 tax return transcript must be submitted for both you and your spouse.**
- A 2015 IRS tax return transcript is attached to this worksheet.
- A 2015 IRS tax return transcript will be submitted to the CC OSFA later. The CC OSFA cannot complete the process of your financial aid until the IRS tax return transcript has been submitted to the CCOSFA.

• TAX RETURN NONFILERS

Complete this section if you (and your spouse, if married), will not file and is not required to file a **2015 income tax return** with the IRS.

Check the box that applies:

- I (and my spouse, if married) was not employed and had no income earned from work in **2015**.
- I (and/or my spouse, if married) was employed in **2015** and have listed below the names of all employers, the amount earned from each employer in **2015**, and whether an IRS W-2 form is attached. **Attach the copies of all 2015 IRS W-2 forms issued to you (and to your spouse, if married).** List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate sheet of paper.

Employee's name (e.g. You and/or your spouse)	Employer's name	Amount earned in 2015	IRS W-2 attached? Y/N
Total amount of income earned from work:	\$		

Note: The CCOSFA may require you to provide the documentation from the IRS that indicates your 2015 IRS income tax return was not filed with IRS.

Student Name: _____

D. Student's Other Information to Be Verified

1. Complete this section if the member(s) in your household (listed in Section B) received benefits from the **Supplemental Nutrition Assistance Program (SNAP)** or **food stamps** any time **during the 2014 or 2015 calendar years**.

*SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (or 1-800-433-3243).

Indicate the total amount of SNAP benefits received in **2014** and/or **2015** for any member of your household:

\$ _____ 2014 \$ _____ 2015

Note: If the CC OSFA has reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, additional documentation will need to be requested from the agency that issued the SNAP benefits in **2014** and/or **2015**.

2. Complete this section if you (and/or your spouse, if married) **paid child support** in **2015**:

I (and/or my spouse, if married) listed in Section B **paid child support** in **2015**. I have indicated below the name of the person who paid the child support and the name of the person to whom the child support was paid, the name(s) and age (s) of the children for whom child support was paid, and the total annual amount of child support that was paid in **2015** for each child. If asked by the CC OSFA, you may need to provide additional documentation of the payment of child support. *If you need more space, attach a separate sheet of paper.*

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 of child	Amount of child support paid in 2015
<i>Ex. Joe Jones</i>	<i>Jane Doe</i>	<i>Jake Jones</i>	<i>15</i>	<i>\$6,000</i>

Note: The CC OSFA may require additional documentation if there is reason to believe that the information regarding child support paid is inaccurate.

E. Other Untaxed Income for 2015

Answer each question below as it applies to you and your parent(s) whose information is on the FAFSA. To determine the correct **annual amount** for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did **not** pay or receive the same amount each month in **2015**, add together the amounts you paid or received each month. *If any item does not apply, write "N/A" for Not Applicable where a response is requested or write "0" in an area where an amount is requested. If more space is needed, attach a separate sheet of paper.*

• **Payments to Tax-Deferred Pension and Retirement Savings**

List any payments (direct or withheld from earnings) to **tax-deferred pension** and **retirement savings plans** (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on **W-2 forms** in Boxes **12a through 12d** with **codes D, E, F, G, H, and S**.

Name of person who made the payment	Total amount paid in 2015
Total payments to tax-deferred pension and retirement savings:	\$

Student Name: _____

• **Child Support Received**

Complete this section if one of your parents **received** child support in **2015**. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

One (or both) of my parent(s) listed in Section B of this worksheet **received** child support in **2015**. The parent has indicated below the name of the person who received the child support, the name of the child for whom child support was paid, and total annual amount of child support that was received in **2015** for each child. If asked by the CC OSFA, I may need to provide documentation of the receipt of child support. *If more space is needed, attach a separate sheet of paper.*

Name of adult who received the child support	Name of child for whom support was received	Amount of child support received in 2015
<i>Ex. Joe Jones</i>	<i>Jake Jones</i>	<i>\$6,000</i>
Total amount of child support received:		\$

• **Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others**

Include cash payments and/or the cash value of **benefits received**. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of recipient	Type of benefit received	Amount of benefit received in 2015
<i>Ex. Joe Jones</i>	<i>Housing Allowance</i>	<i>\$6,000</i>
Total amount of benefit received:		\$

• **Veterans Non-Education Benefits**

List the **total amount of veterans non-education benefits received** in **2015**. **Include** Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veteran’s educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-Education Benefit	Amount of Benefit Received in 2015
<i>Ex. Joe Jones</i>	<i>Disability</i>	<i>\$6,000</i>
Total amount of benefit received:		\$

Student Name: _____

• **Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form.

Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in 1 – 4 above. In addition, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of recipient	Type of other untaxed income	Amount of other untaxed income received in 2015
<i>Ex. Joe Jones</i>	<i>Disability Income</i>	<i>\$6,000</i>
Total amount of other untaxed income:		\$

• **Money Received or Paid on the Student's Behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. **Include** support from a parent whose information was not reported on the student's 2017–2018 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2017–2018 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose	Source	Amount Received in 2015
<i>Ex. Books</i>	<i>Mother</i>	<i>\$6,000</i>
Total amount received:		\$

F. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on this form is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. The student (and his or her spouse, if married) must sign and date below.

Student's Signature

Date

Spouse's Signature

Date

Submit this worksheet to the CC OSFA.
You should make a copy of this worksheet for your records.