

V1-Standard Verification 2016-17

Student's Name _____ k-number _____

Phone number _____ **Yes** **No**

1. Was student born before January 1, 1993? _____
2. Is student married? _____
3. Does student have a bachelor's degree? _____
4. Is student a U.S. Armed Forces veteran or active duty now (Other than training)? _____
5. Is (or was) student a ward of the court, emancipated minor, in legal guardianship (as determined by a court in your legal state of residence), or an orphan? _____
6. At any time since 07/01/2015 has a Federal or State agency determined that student is or has been an unaccompanied youth who is or was homeless? _____
7. Are there legal dependents living with and receiving more than half their support from student? (exclude spouse) _____

✚ Write the names of all household members: include yourself, spouse (if married), your parent(s) (if dependent per FAFSA) & other dependents (those supported by the household between 7/1/16 – 6/30/17).*

✚ List the college name (if any) for household members (excluding parents) attending at least half-time during the 2016-17 school year. **If additional space is needed attach a separate page*

Full Name	Relationship	Age	College Attended at least half-time during 2016-2017 school year (if any)
1.	Self		Kirkwood Community College
2.			
3.			
4.			
5.			
6.			

✚ In 2014 or 2015, did anyone in your household receive Food Stamps (SNAP)? Yes _____ No _____

✚ All tax filers must provide IRS Return Transcripts if they have not, or are not eligible to use the Data Retrieval Tool on their FAFSA.

✚ If you will not and are not required to file 2015 income tax returns check here:

*Student ___ *Spouse (if married) ___ *Father/step-father (if dependent) ___ *Mother/step-mother(if dependent) ___

***Non-filers must provide 2015 W-2's (if applicable) and return with this form.**

Untaxed Work Income	2015 Total Amount
Student: Employer/Source: _____, _____	\$
Parent(s): Employer/Source: _____, _____	\$

2015 Exclusions	Parent /Step-parent	Student / Spouse
2015 Child Support <i>Paid</i> for children not living in the household	\$	\$
Name of one(s) who paid child support: _____; Name of payee (to whom support was paid): _____		
Children's name(s) for whom support was paid: _____		

By signing this worksheet, I certify that all the information reported to qualify for Federal Student Aid is complete and correct.

➤ Please return this form to Kirkwood Community College along with any other requested materials to:

- Fax to: 319-398-4928
- Email to: onestop@kirkwood.edu
- Mail to: KCC One-Stop, 6301 Kirkwood BLVD SW, Cedar Rapids, IA 52404

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

Student _____ Date _____
(Required)

Parent _____ Date _____
(Signature of one parent required if dependent per FAFSA)