

## 2007-08 Independent Student Verification Worksheet

Your application (FAFSA) was selected for review in a process called "Verification". In this process, the office will be comparing information from your application with signed copies of your (and your spouse's) 2006 tax forms and/or other financial documents. The law requires that we ask you for this information before awarding Federal aid. If there are differences between your application (FAFSA) information and your financial documents, we may need to make corrections on your Institutional Student Information Record (ISIR) and have a new ISIR processed. This can delay processing for you. Please be sure to complete all sections. **Do not leave blanks.**

### A. Student Information

\_\_\_\_\_

Last Name
First Name
M.I.
ID

### B. Family Information

List the people that you (and your spouse) will support between July 1, 2007, and June 30, 2008.

**Include:**

- yourself
- your spouse
- your dependent children (if you provide more than half of their support).

**Include other people as part of your family *only if*:**

- they lived with you and got more than half their support from you at the time you completed your student aid application.
- they will continue to get more than half their support from you from July 1, 2007 through June 30, 2008.

Also, list the college each family member will be attending at least half-time in a degree or certificate program between July 1, 2007 and June 30, 2008. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING IN 2007-2008
1.		Self	College of Lake County
2.			
3.			
4.			
5.			
6.			
7.			

### C. Student's and Spouse's Untaxed Income Information

List amount received as untaxed income during the 2006 calendar year. **List zero (0) if none received.**

SOURCE	2006 TOTAL AMOUNT
Social Security Benefits	\$
Temporary Assistance for Needy Families (TANF) and/or AFDC/ADC	\$
Child Support received for all children	\$
Payments to tax-deferred savings [401(k) and 403(b) plans]	\$
Other untaxed income	\$

**FOR OFFICE USE ONLY**

\_\_\_\_\_

Date Received

\_\_\_\_\_

Initials

**D. Student's Tax Forms and Income Information**

- Check and attach signed 2006 Federal tax return and schedules - if you filed a tax return. This includes the 2006 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of the tax return, request one from the Internal Revenue Service at 1-800-829-1040.
- Check here if you will not file and are not required to file a 2006 U.S. income tax return.

**Income earned from work: Use the W-2 or other earnings statements. You must complete this section if a tax return will not be filed. If earnings are not U.S. dollars, please convert to U.S. dollars.**

EMPLOYER(S)	2006 AMOUNT EARNED
	\$
	\$

**E. Spouse's Tax Forms and Income Information**

- Check and attach signed 2006 Federal tax return and schedules - if your spouse filed a tax return. This includes the 2006 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of the tax return, request one from the Internal Revenue Service at 1-800-829-1040.
- Check here if your spouse will not file and is not required to file a 2006 U.S. income tax return.

**Income earned from work: Use the W-2 or other earnings statements. Your spouse must complete this section if a tax return will not be filed. If earnings are not U.S. dollars, please convert to U.S. dollars.**

EMPLOYER(S)	2006 AMOUNT EARNED
	\$
	\$

**F. 2006 Federal Benefit Programs**

Please checkmark if you, your spouse, or anyone in your household received benefits from these programs at any time during 2006. Also, please include which member(s) received the qualifying benefits.

- Supplemental Security Income Program (SSI)  Yes  No Who received? \_\_\_\_\_
- Food Stamp Program  Yes  No Who received? \_\_\_\_\_
- Free or Reduced Price School Lunch Program  Yes  No Who received? \_\_\_\_\_
- Temporary Assistance for Needy Families (TANF)  Yes  No Who received? \_\_\_\_\_
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)  Yes  No Who received? \_\_\_\_\_

**G. Sign this worksheet**

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**H. Complete and return** this form with appropriate Federal tax returns within three weeks of receipt of this notice so that we can continue processing your file. Failure to do so will delay processing of your financial aid application.