

2022-2023 Independent Verification Worksheet Federal Student Aid Programs

V1/V5

Your 2022–2023 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you 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 must submit the completed form and other required documents to the Office of Student Financial Services. Please include your name and student ID number on all documents. The office may ask for additional information if necessary. If you have questions about verification, contact the Office of Student Financial Services as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information (please print): (Sections A - D must be completed)

Stude	nt's Last Name	Student's First Name	Student's M.I.	Sti	udent's Social Security Numb	er AND Stud	ent Number		
Oluuc	III 5 Last Ivanie	Oludent 3 i not maine	Student 5 Min.	Oil	udent s Social Security Hams	JEI AIND GIGG	ent number		
Stude	nt's Street Address (incl	lude apt. no.)		Stu	udent's Date of Birth				
City		State	tate Zip Code		Student's Email Address				
Stude	Student's Home Phone Number (include area code)			Stu	Student's Alternate or Cell Phone Number				
В.	Independent Stu	udent's Family Informa	ation_						
	List the people in your	household including:							
		e first line, and then names of <u>al</u>	II household members in the	e spaces belov	w. Then, write in the name o	f the college f	for any household member		
	and June 30, 2023. If y	you need more space, attach a s	oloma, or certificate program separate page.	at an eligible	postsecondary educational in	nstitution any			
		you need more space, attach a s	oloma, or certificate program separate page. RELATIONSHIP	at an eligible	postsecondary educational in	nstitution any	time between July 1, 2022		
	and June 30, 2023. If y	you need more space, attach a s	oloma, or certificate program separate page.	at an eligible	postsecondary educational in	nstitution any	time between July 1, 2022 Will be Enrolled at		
	and June 30, 2023. If y	you need more space, attach a s	oloma, or certificate program separate page. RELATIONSHIP	at an eligible	postsecondary educational in	nstitution any	time between July 1, 2022 Will be Enrolled at		
	and June 30, 2023. If y	you need more space, attach a s	oloma, or certificate program separate page. RELATIONSHIP	at an eligible	postsecondary educational in	nstitution any	time between July 1, 2022 Will be Enrolled at		
	SNAP BENEFITS RI documentation of the	you need more space, attach a s	oloma, or certificate program separate page. **RELATIONSHIP** **SELF** of my household, listed in Section 20 and/or 2021. pouse, paid child support in 202.	on B of this work	COLLEG Calhoun Communi ksheet, received SNAP benefits that I may be requested to prov	E ty College in 2020 or 2022	Will be Enrolled at Least Half Time 1. If requested, I will provide		
	SNAP BENEFITS RI documentation of the	ECEIVED – I certify that a member of a receipt of SNAP benefits during 20 PAID – I certify that either I, or my sp	oloma, or certificate program separate page. **RELATIONSHIP** SELF** of my household, listed in Section 20 and/or 2021. bouse, paid child support in 202 his section. Fill out the table below to Whom	on B of this work 1. I understand ow. If you need	COLLEG Calhoun Communi ksheet, received SNAP benefits that I may be requested to prov more space, attach a separate p	E ty College in 2020 or 2022	Will be Enrolled at Least Half Time 1. If requested, I will provide		

C. Tax Forms and Income Information

Student Check one		IF YOU FILED TAXES									
	\Box	I <u>have used</u> the IRS Data Retrieval Tool to retrieve and transfer my 2020 IRS income information into the student's FAFSA. Proceed to Untaxed Income below.									
	I <u>have not used</u> the IRS Data Retrieval Tool when filing the FAFSA on the web. I have attached my <u>2020</u> U.S. <u>Tax Return Transcript</u> to this worksheet. Please note that a tax return transcript is not the same as your original 1040 tax filing. To request a <u>Tax Return Transcript</u> , online or by mail, from the Internal Revenue Service go online to <u>www.IRS.gov</u> . Make sure to request the "IRS Tax Return Transcript", <u>not</u> the "Tax Account Transcript". Transcripts can be order via their Automated Telephone Request service at 1-800-908-9946. If using the Paper Request Form 4506T-EZ or 4506-T, first, send the transcript to your own address, and then turn in a copy with your verification form. Verification cannot be completed until all transcripts are in. Proceed to Untaxed Income below.										
		IF YOU DID NO	FILE TAXE	S - <u>a non-file</u>	ers statement from the IRS is required						
		Check here if you and/or your spouse worked, but did not file, and were not required to file, a 2020 Federal Income Tax Return. List the name of all employers and wages received in 2020 below. Attach a separate page if needed. Copies of W2s ARE REQUIRED . Proceed to <u>both</u> Untaxed Income and section D below.									
Student's Employer(s)		2020 Wages	W2 Required	Spouse's Employer(s)	2020 Wages	W2 Required					
				YES			YES				
			YES			YES					
	Check here if you or both you and your spouse were <u>not employed</u> and had no income earned from work in 2020. A non-filers statement from the IRS is required. Proceed to <u>both</u> Untaxed Income and section D below.										
Stud	ent		<u> </u>	2020 UNTAXE	D INCOME		Spouse				
\$		Payments to tax-deferred pension and savings plans in Boxes 12a through 12d, codes D, E, F, G, H, ar			n earnings), including, but not limited to, amounts reported on the V reported in code DD *** Attach W2(s) ***	W-2 forms	\$				
\$		IRA deductions and payments to self-employed SEF	, SIMPLE, Ke	ogh, and other q	ualified plans from IRS Form 1040 <u>Schedule 1</u> - total of lines 15	+ 19	\$				
\$	Child Support received for all children in your household in <u>2020</u> . Do not include foster care, adoption payments, or any amount that was court-ordered but reactually paid. You may be requested to supply documentation.						\$				
\$	Tax Exempt interest income from IRS Form 1040 (line 2a).						\$				
\$		Untaxed portions of IRA distributions and pensions from IRS Form 1040 (lines 4a + 5a) minus (lines 4b + 5b). Exclude Rollovers. If negative, enter a zero.									
\$		Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.									
\$	Veteran's non-education benefits such as Disability, Death Fallowances.			ension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study							
\$	Other untaxed income or benefits not reported elsewhere, such as workers compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1- line 12. Don't include foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, on-base military housing or a military housing allowance, combat pay, or benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fue										
Money received or paid on your behalf (for bills in your name) not reported elsewhere on this form. Include 529 plan that is owned by parents (such as grandparent, aunt, or uncle.)			ere on this form. Include 529 plan that is owned by someone other	than your	\$						
S st	o that udent AFSA	usehold Resources/Documentation of Support (If you reported low or no earned income, this section <u>must</u> be completed. Please attach explanation.) nat we can fully understand a student's family financial situation, please provide information about any other resources, benefits, and other amounts received by ent and any members of the student's household on a separate sheet or attach documentation. Include support received that was not required to be reported or SA or other forms submitted to the financial aid office. This should include Social Security benefits, financial aid refunds, Federal Work/Study, etc.									
		ign this Worksheet									
re	By signing this worksheet you are certifying that all the information reported, to qualify for Federal student aid, is complete and correct. Please sign and date the worksheet below. WARNING: If you purposely give false or misleading infor worksheet, you may be fined, be sentenced to jail, or both worksheet below.										
S	tudent	tudent Date									
S	pouse	ouse (optional) Date									

Please note that processing may take 3 – 4 weeks after documents are received especially during peak processing.

MAIL THIS FORM TO ADDRESS BELOW... OR ... return to Financial Aid office located at either campus:

Calhoun Community College Office of Financial Aid P.O. Box 2216 Decatur, AL 35609 **Decatur Campus** 6250 Hwy 31 North Tanner, AL 35671 256-306-2628 Huntsville/Research Park Campus 102-B Wynn Drive Huntsville, AL 35805 256-306-2628