

**Coahoma Community College  
Financial Aid Office  
3240 Friars Point Road  
Clarksdale, Mississippi 38614  
2016–2017 Dependent Verification Worksheet**

**A. Dependent Student's Information**

|   |                      |                |  |
|---|----------------------|----------------|--|
| Student's Last Name                             | Student's First Name | Student's M.I. | Student's Social Security Number         |
| Student's Street Address (include apt. no.)     |                      |                | Student's Date of Birth                  |
| City  | State                | Zip Code       | Student's Email Address                  |
| Student's Home Phone Number (include area code) |                      |                | Student's Alternate or Cell Phone Number |

**Dependent Student's Family Information**

**Include:** Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).  
Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017.  
**Other** people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017. Include the name of the college for any household member, **excluding your parent(s)**, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between **July 1, 2016, and June 30, 2017**.

| Full Name                    | Age       | Relationship  | College                   | Will be Enrolled at Least Half Time |
|------------------------------|-----------|---------------|---------------------------|-------------------------------------|
| <i>Missy Jones (example)</i> | <i>18</i> | <i>Sister</i> | <i>Central University</i> | <i>Yes</i>                          |
|                              |           | <i>Self</i>   |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |

**Complete this section if the student, filed or will file a 2015 income tax return with the IRS.**

- ☐ The student used the IRS Data Retrieval Tool to retrieve and transfer 2015 IRS income information into the student's FAFSA.
- ☐ An IRS tax return transcript(s) is attached to this worksheet. **Verification cannot be completed until the IRS tax return transcript(s) has been submitted to the school. To obtain an IRS tax return transcript call 1-800-829-1040.**

**Complete this section if the student will not file and is not required to file a 2015 income tax return with the IRS.**

- ☐ The student was not employed and had no income earned from work in 2015.
- ☐ The student was employed in 2015, but did not file a tax return.

| Employer's Name                        | 2015 Annual Amount Earned  | IRS W-2 Attached?   |
|--|----------------------------|---------------------|
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00(example)</i> | <i>Yes(example)</i> |
|  |                            |                     |
|  |                            |                     |
|  |                            |                     |

## B. Dependent Student's Parent(s) Information

Complete this section if the student's parent(s) **filed or will file** a 2015 income tax return with the IRS

☐ Check here if the student's parent has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2015 IRS income information into the student's FAFSA.

☐ Check here if an IRS tax return transcript(s) is attached to this worksheet. **Verification cannot be completed until the IRS tax return transcript(s) has been submitted to the school. To obtain an IRS tax return transcript call 1-800-829-1040.**

Complete this section if the student's parent(s) will not file and **is not required** to file a 2015 income tax return with the IRS.

☐ Check here if the parent(s) was not employed and had no income earned from work in 2015.

☐ Check here if the parent(s) was employed in 2015, but did not file a tax return.

| Employer's Name                        | 2015 Annual Amount Earned   | IRS W-2 Attached?    |
|--|-----------------------------|----------------------|
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00 (example)</i> | <i>Yes (example)</i> |
|  |                             |                      |
|  |                             |                      |
|  |                             |                      |
|  |                             |                      |

☐ Check here if one of the persons listed in Section A of this worksheet received Supplemental Nutrition Assistance Program (SNAP) benefits in 2014 or 2015.

☐ Check here if one (or both) of the student's parents listed in Section A of this worksheet **paid/received child support** in 2015.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Annual Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|---|
| <i>Marty Jones</i>                    | <i>Chris Smith (example)</i>                  | <i>Terry Jones</i>                      | <i>\$6,000.00</i>                           |
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |

**Certification and Signatures – Student and at least one parent must sign and date this worksheet.** Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Non-Discrimination Statement

Coahoma Community College is an equal opportunity institution in accordance with civil rights and does not discriminate on the basis of race, color, national origin, sex, disability, age, or other factors prohibited by law in any of its educational programs, activities and employment opportunities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: mhouston@coahomacc.edu.

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